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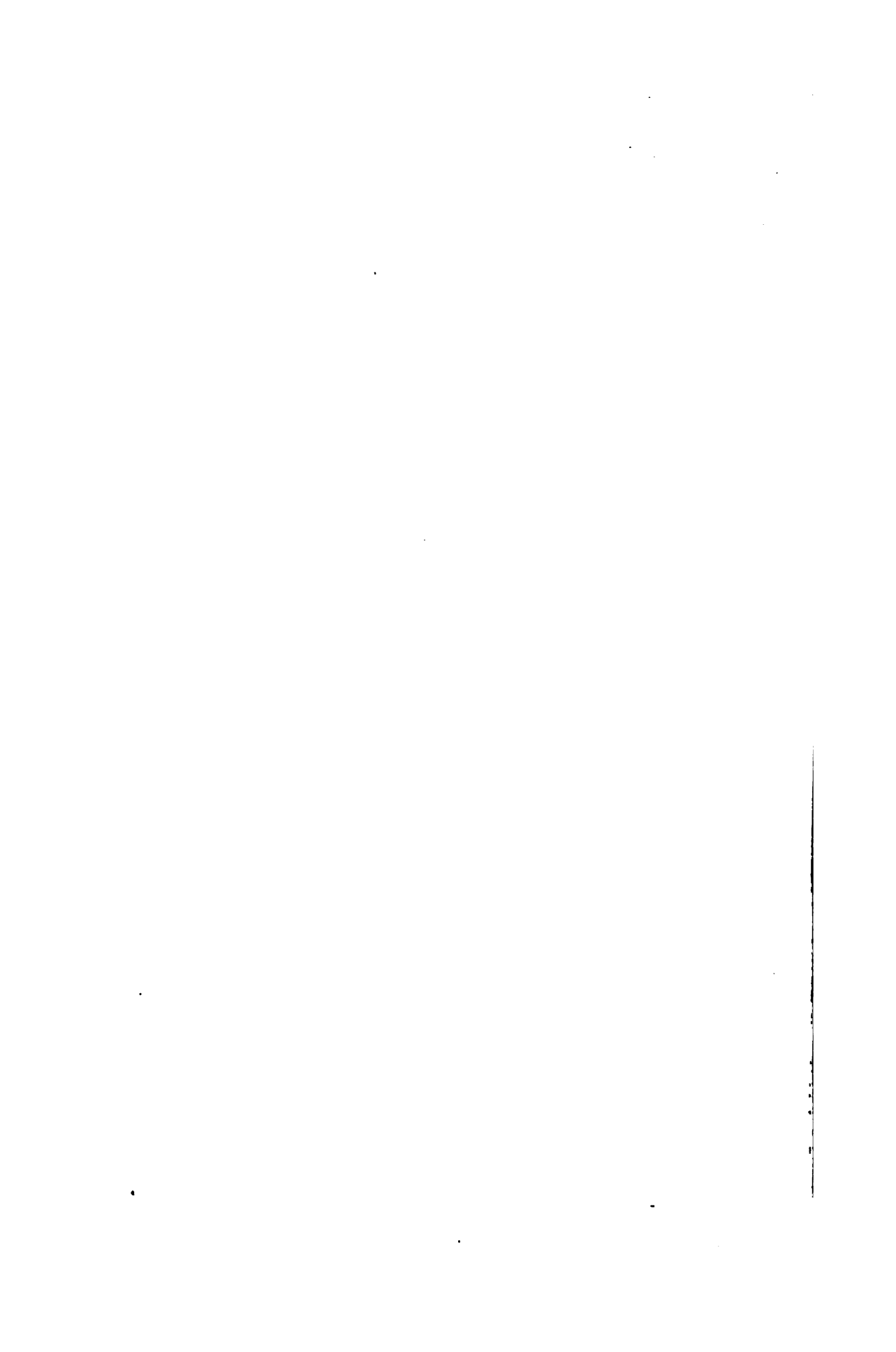


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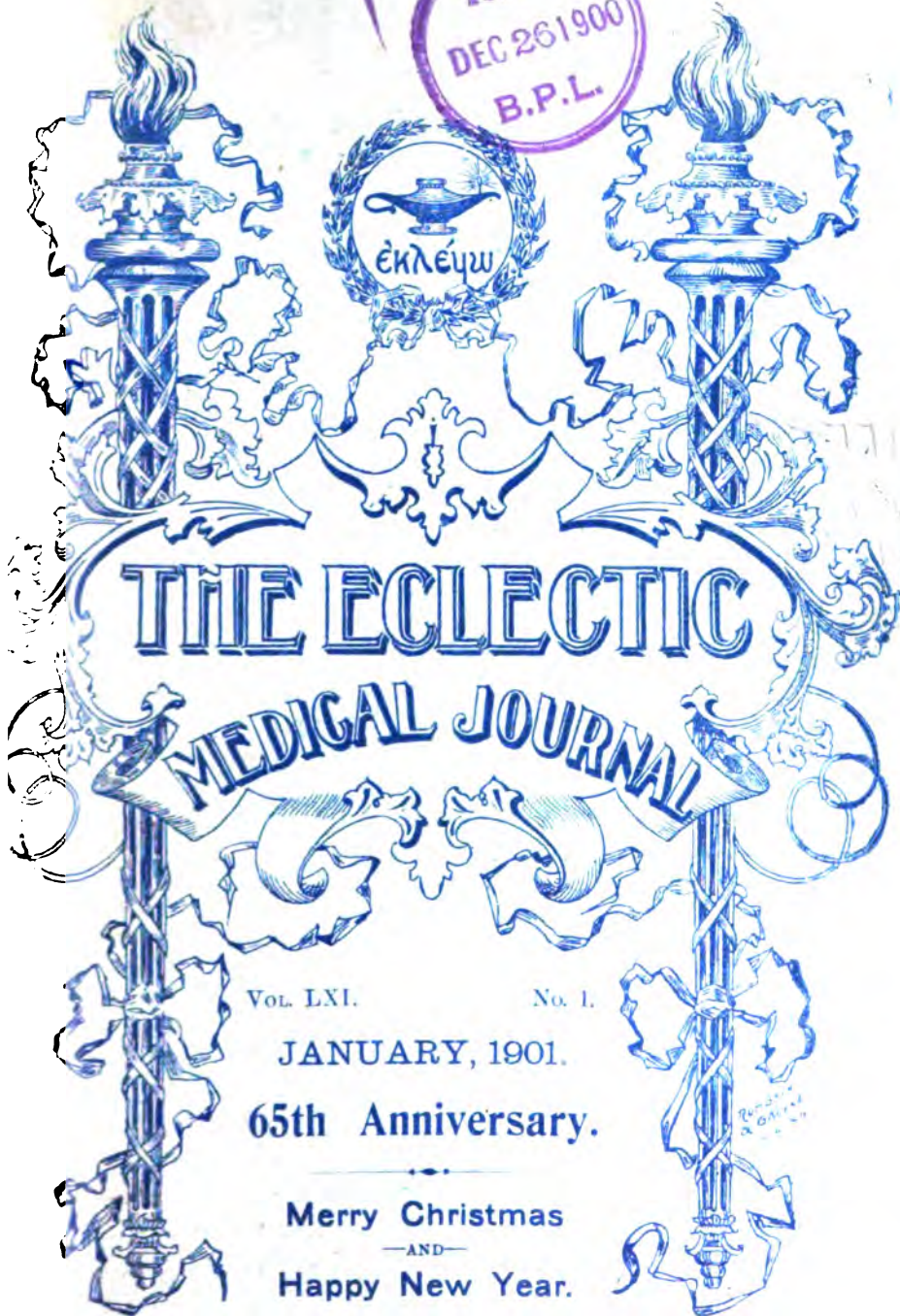
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—AND—
Happy New Year.

JOHN K. SCUDDER, M. D.

EDITOR.

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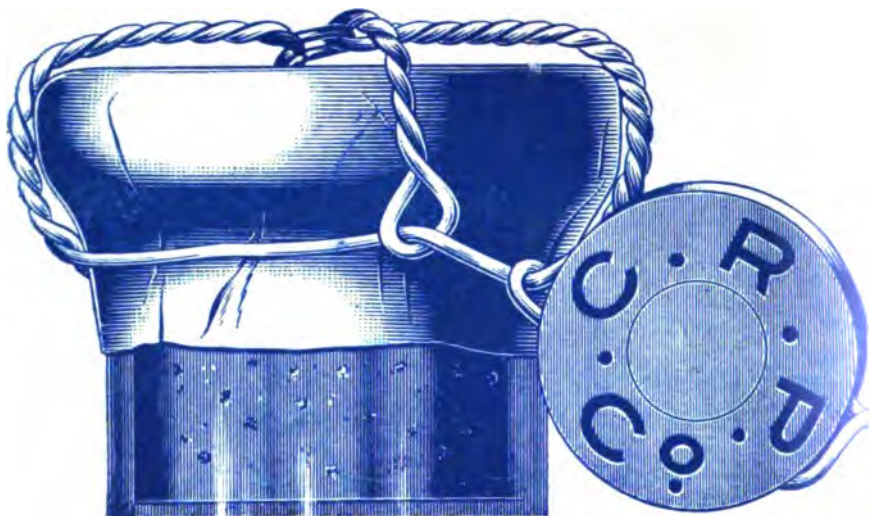
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ORIGINAL COMMUNICATIONS.

THE GREATEST MICROLOGIST.

By Wm. C. Cooper, M. D., Cleves, Ohio.

REALLY it is of no consequence to the reader how it sifted down through the interstices of time and space to me. Anyhow, the documentary evidence underlying this scrap of history found a final resting place in the most sacred pigeon hole of my secretary.

It pertains, in the main, to Dr. Josiah Simmons, who was an old man seventy years ago. The doctor was a courtly gentleman and an intellectual giant. He stood out from his little entourage, an awesome promontory of scholarship, and with all who knew him, his judgment was final.

I aver, without the fear of successful contradiction, that Dr. Simmons was the greatest micrologist and chemist that ever lived. The enunciation is really supererogatory, for after the reader shall have read this bit of history, he will eagerly agree with me.

We are justly proud of our present-day bacteriologists. But as compared to Dr. Simmons, they are piddling midgets. However, we seem to see in the instance of Dr. Simmons an illustration of that high-surgings quality of genius which ignores more or less important intermediates. Early in his investigations he struck that microcosmic stratum whence has emerged that portentous science, the bacteriology of to-day. But he paused only long enough to conclude that the class now known as pathogenic microbes, are pathologic *effects* when they are not natural scavengers. He came to this conclusion despite the fact that he made pure cultures, and experimented with them on animals. It is certain that he did not study the subject deeply, for otherwise he *might* have given us a serum therapy.

With that marvelous microscope of his—the only one of the kind that ever existed—he burrowed into the very ultimate arcanum of being. He discovered that behind histogenesis is a bacterial world, the individuals of which almost touch the infinite of minuteness. These control the mental faculties, the emotions, and the passions. They are the character builders. Owing to their mode of propagation, these microbelets do not increase in numbers. The doctor noticed that the loss of any of them was, within a certain limit, compensated by an increase of function in those remaining. He classified them according to their special offices, thus: The Amative Species, the Frigid Species, the Benevolent Species, the Malevolent Species, the Angelic Species, the Devil Species, etc

He made cultures with which he experimented. At first he experimented upon the lower animals only. An extended account of these experiments would be most instructive, but space will not allow. It may be mentioned, *en passant*, that the doctor gave a pet lamb a heroic dose of the combative culture, with the result that it soon broke up its amicable relations with the other sheep, and would have butted its brains out in a fight with a bull, if the doctor had not caught it and given it a counter dose. If the doctor had given it a small dose of the combative culture, it would have simply added a mischievous zest to the lamb's gambols.

The doctor realized that his discovery was the mightiest and awfullest that had ever been made by mortal man. Being a natural philanthropist, it became his supreme purpose to establish a physiometaphysical method of practice which would enable the medical profession to regenerate the race, and precipitate the millenium. For what could not the doctor do with such an armamentarium at his command?

Before he could safely give his discovery to the world, he would have to systematize indications and define dosage. This required experimentation upon his fellow man, and he boldly entered this field, limiting the application of his remedies at first to the very lowest classes. Here again lack of space prevents me from giving details which I am sure would be interesting to the reader. In a few months the doctor had his system well in hand.

In this connection it solemnly behooves us to note that the doctor's marvelous discovery carries with it a philosophic conclusion which is of the very utmost possible significance. It is this: *There is no evil in the universe.* What we call evil is only perverted good. It was easily seen that the function of the devil-microbe is as beneficent as that of the divine-microbe. The devil-microbe is to the moral character what a condiment is to a dish. Think how flat bean soup would be without any salt in it. Saltless bean soup finds its human duplicate in the goodie-goodie milksop. The pessimistic microbe prevents that excessive optimism which would express itself in the fatalism of mad improvidence. A little of devil is a good thing, a *necessary* thing. The uneven distribution of the devil-microbe does not affect

the proposition a particle; that phase of the question can not be discussed now owing to lack of space. Here it is in a nut-shell: symmetry of human character would be impossible without the existence of the devil-microbe and its so-called evil congeners. Man is a cosmic epitome; therefore, nothing in the universe exists outside of beneficent purpose.

I am sorry this is not a mere story, but *is* history. If it were the former, I should certainly shape events differently from what they really were. It is painful to have to state that the doctor's domestic relations were extremely unhappy. His family consisted of his wife and two sons, William and Jourdan. The wife was vain and light-headed, fond of show and glitter, and besides she was a shrew. William—"Bill," as he was called—was of a malignant and sinister nature. He was a chronic grumbler and natural marplot. Jourdan, on the contrary, was an ideal young man; he was high-minded, honest, industrious, and altogether noble.

Jourdan was the accepted lover of one of the sweetest girls in the town—Minnie Turner. Bill, who had on a few occasions escorted her to parties, also loved her, in his coarse way. As soon as he learned that she favored Jourdan's suit, he vowed with imprecational emphasis that they should never marry. If *he* could not get her, Jourdan should not. He told both of them that if it was necessary to kill them to prevent their marriage, he would do it, and both of them knew that he would, in such a case, keep his word.

Candice Meliton was a chum of Minnie's, and a close friend of Jourdan's. She was one of those seraphic girls such as one will meet once in a lifetime. Physically slight and lissom, her spiritual refinement was almost supernatural. In her was illustrated one of those strange perversions we occasionally see—she was in love with a man of singular depravity. He was intellectually brilliant, and on occasion could sparkle like fire, but the undertow of his nature was wholly vicious. In the face of all his moral atrocities, with which she was perfectly familiar, she loved him. She conceived it possible for her to redeem him; she would saturate him with her love and spirituality till brutality would be impossible to him. Ah, the beauty of love's blind trust!

Such was the state of affairs at the time and place under consideration. Here were several persons in the most desperate need of just what Dr. Simmons could give them if he could get the opportunity to do so. His wife sided with Bill in everything, and both were wholly out of sympathy with the doctor in about all his aims and ambitions, so that their co-operation with him in any helpful plan, was not to be thought of. There was Jourdan, however, who was true as steel. The doctor resolved to devise a scheme, and with Jourdan's help, work it out.

Christmas was near at hand. He would give a big Christmas dinner, and, among others, invite those who were in such sore need of

treatment. His wife would pull with him so far as the dinner was concerned, for that meant gait and an opportunity for dress, china display, etc. By particularly numbering the plates of his guests at table, and properly medicating the coffee of each, his end could be attained. He would have his sister, who lived in the same town, supervise the cuisine, while it would be the function of his wife to entertain the guests, and be general mistress of ceremonies. Soon he had all the details completed; with the accurate coincidence of his sister and Jourdan, both of whom were thoroughly dependable, his scheme *must* succeed.

With its dear, warm hearted, and cheery inevitableness, Christmas came. Every invited guest was on hand. The wife, in silken and beribboned glory, flitted through the decorated rooms like an aged butterfly. The sister and Jourdan were at their posts, both on the *qui vive*, and both gloried over with the sweet spirit of Christmas and the warm glow of generous purpose. All promised well.

Just as dinner was about to be announced, the door-bell rang violently. The doctor was wanted instantly in an emergency case. There was no way out of it, the other doctors for various reasons being unobtainable. The doctor had to go.

It had been arranged that Jourdan should seat the guests. His intimate acquaintance with all of them, made this peculiarly fitting. The coffee had been poured, and as there was no telling how long the doctor would be detained, dinner was announced. At this juncture, a flood of native diabolism welled up in the system of Mrs. Simmons, and she determined that *she* would seat the guests. A suspicion of something between the doctor and the two others, had crept into her mind. The doctor's necessary absence favored her purpose. "They shall be seated promiscuously," she murmured to herself, "and the devil shape the consequences." She knew that Jourdan's filialty and refinement would prevent him from making a scene by any outward show of opposition. So she headed the guests, and seated them haphazardly. Jourdan barely succeeded in placing Minnie correctly. Her coffee and his own had not been doctored. Amidst the jollity of the occasion, the deep flush on Jourdan's face, and the cruel indentation of his lips, were not noticed. His aunt wrung her hands in silence out in the kitchen. As the doctor was away, Mrs. Simmons took her seat at the head, instead of at the foot, of the table. She thus escaped redemption.

The outcome of this misseating business, was direful indeed. Most of the guests got the reverse of what was intended for them. Thus Candice got an Angelic dose, and her lover, a Devil dose: Bill got a Diabolic dose, while a meek little Christian woman got what was intended for him, and so it went all through. The doctor did not get back till the middle of the afternoon. Jourdan took him aside and told him what had happened. His anguish was something painful to witness. One sweetly mitigating circumstance—Minnie's escape—

was all that kept the old doctor from breaking down entirely. As it was, he pleaded indisposition to the guests, and retired to his private rooms. He was seen no more that day.

Within a few days the effects of this remarkable dinner began to manifest themselves. Bill grew more surly and mean as the clock ticked, while the meek little Christian woman sped toward sainthood with increasing velocity. Rankle (Candice's lover) soured and bittered in an arithmetical progression, while Candice sublimized and etherealized as the golden moments sparkled into the past. A certain dude who got a dose of the inane culture—intended for an over energetic and protrusive gentleman—waned with increased celerity toward the indefiniteness of demnition bow-wowry, while the gentleman for whom his dose was intended, took on a new impulse toward self-certitude and autoconclammation.

On January the eighth, the doctor witnessed a most startling and impressive spectacle. He was driving on a country road. He had come to a turn in the road, and suddenly saw across the angle—which was covered with an undergrowth—a man and woman who seemed to be very dramatically engaged. The man was scowling and shrinking, while the woman's hands were raised as in benediction. The female looked more like an apparition than a human being, while the man was coarse, and cruel, and repulsive to the last degree. It was Rankle and Candice. The doctor drove slowly towards them. Rankle was pouring forth a very Niagara of curses and blasphemies. At last he roughly pushed Candice from him. She was so ethereal that the force of the push carried her a hundred yards away. Rankle's maledictions intensified till at last his words took fire, being translated into spurts of blue flames. In another instant, the earth opened and swallowed him! The doctor then turned his eyes toward Candice. She waved her hands in farewell, while the sweet light from her beautiful eyes bore a message of infinite love and tenderness to him and to the world. Rapidly she dissolved into a roseate vapor and floated up and out into the unspeakable blue of heaven! These marvelous phenomena—one of which the doctor saw with shuddering wonder, and the other of which he witnessed with ecstatic awe—were such as had never been seen before by mortal man. They testified to the mightiness of the potentialities which the genius of Dr. Simmons had called into evidence. But they left upon the poor old doctor's soul a dreadful incubus. He felt that he was, in a secondary sense, a murderer. On his way home he learned that the meek little Christian woman had gone insane on religion, and when he got home, he was horrified with the intelligence that Bill had made a murderous assault upon Jourdan!

On the next morning at about half past eight, the doctor called Jourdan to him, and told him he wished him to go to —ville (eight miles distant) and get a set of harness which had been left there for

repair. He told Jourdan that if he got back by two o'clock, it would be soon enough, there was no hurry.

Something in the timbre of his father's voice, added to a strange setness of expression in his face, alarmed Jourdan. He did not, for a moment doubt the righteousness of any purpose his father might have, but he hitched up the fastest horse in the stable.

Soon after Jourdan had gone, the doctor went out to the barn, and in a place where he knew Jourdan would find it, he left a package of papers. They were in a large envelope. The superscription was simply: "For Jourdan Simmons." He immediately returned to the house and went into his laboratory. Right here it is proper to state that one of the greatest of the doctor's chemical achievements had been the invention of an explosive possessing fifty times the destructive power of nitroglycerine. It was perfectly harmless in itself, for it would not explode until a certain proportion of hydrochloric acid was mixed with it.

Just before his wife called him to dinner, the doctor walked to a window and gazed down the the road that led to —ville. He sighed heavily, and when he saw in the distance an approaching horse and buggy, the sweat broke out on him in great beads. He hurried down to the dining room. Dinner was ready, and in a few moments he, his wife, and Bill, were seated at the table. Just as the doctor sat down, he drew from his pocket a two ounce vial, and swallowed its contents. In another minute, the door which was the outlet to the side yard, opened, and there was Jourdan. Throwing up his hands in a repell ing jesture, the doctor cried out excitedly: "Stop, Jourdan—go! away, quick!"—*terrific explosion!* The house was a complete wreck, parts of the trio being scattered all through the wreckage. Jourdan fell into a tree top a hundred yards away. Beyond receiving a few scratches, he was uninjured.

On the next Christmas eve, the leading church of the town was brilliantly lighted, and beautifully decorated. As, mid the fragrance of a thousand flowers, and the swelling grandeur of Mendelsohn's Wedding March, Jourdan led Minnie up the aisle, he distinctly saw above the altar, in a benedictory attitude, the throbbing eidolon of Candice, and back of it, the grave, approving face of his father.

NEURALGIA.

By Lyman Watkins, M. D., Blanchester, O.

[Concluded from page 666, vol. 60.]

TREATMENT.—All exciting causes should be sought out and if possible removed. Existing constitutional or local diseases should receive appropriate treatment. Mental and physical fatigue must be avoided. The diet should be nourishing. A change of climate and surroundings is at times beneficial. Electricity, properly applied, will afford relief in some cases; while counter-irritation, massage and

hydropathic measures, have all met with more or less success. In obstinate neuralgia and in special cases, neurotomy, neurectomy, or nerve stretching must be resorted to before permanent relief can be obtained. The treatment of various kinds of neuralgia may be divided into that during the paroxysms of pain and that during the intervals. The first and best remedy that suggests itself is morphine, hypodermically. It acts promptly and effectually and is safe. But there is great danger of the patient forming the morphine habit, and the remedy should be given as a last resort especially if the disease is of the milder type, for while there is no remedy that will relieve neuralgia quicker than morphine it is judicious to try something else first. Hydrate of chloral may be given with considerable success, when the circulation is vigorous, as shown by a full and bounding pulse. This remedy appears to act more efficiently in the full blooded, especially those of a nervous and excitable nature. The dose will be from ten to fifteen grains every two hours. On account of the acrid and irritating nature of hydrate of chloral it is best administered in dilution, such as a half ounce or more of simple syrup or water.

Codea will relieve cases of a mild nature but is of no use whatever in severe paroxysms of neuralgia. The dose is one-fourth grain every hour.

Phenacetine, antipyrine, and acetanilid will ease pain, but are not safe because of their depressing effect upon the heart; however, the coal tar products do sometimes relieve severe neuralgia without any bad after results. These cases should be selected, those of strong vitality with a slight rise in temperature being most suitable.

The following combination has acted well in the writer's practice: codea, gr. 2; phenacetine, gr. 40; quinine, gr. 20; divided in four doses and given in capsules, one every three or four hours. Quinine appears to counteract the depressing influence of phenacetine, while in no way interfering with its analgesic powers.

One of our best specifics for neuralgia is bryonia but the indications must be followed if good results are obtained. Bryonia should be given when the pain is upon the right side of the head, face or body, with a hard and vibratile pulse.

Cannabis indica is indicated when the pain is accompanied with stupor, vertigo, sensory illusions with feeble and irregular pulse. The dose will be a teaspoonful every two hours of a solution containing ten or twenty drops of the tincture to four ounces of water or other vehicle.

The colchicum case of neuralgia is found in those of a gouty or rheumatic diathesis. The pain is of a sudden, tearing nature, usually commencing in the lumbar region and extending thence to the thigh, leg and toes. Thirty drops of the tr. of colchicum may be added to four ounces of water and the mixture administered in teaspoonful doses every two hours. Colocynth will relieve abdominal pain when of a sharp, boring, cutting nature, especially if increased by motion.

Gelsemium is indicated by neuralgic pain accompanied by flushed face, bright eyes, contracted pupils, increased heat of head with bright redness of painful region. Gelsemium when combined with pulsatilla and bromide of potash acts quickly in relieving ovarian neuralgia. The remedy is usually given diluted with water in the proportion of from ten to fifteen drops of the former to four ounces of the latter. But in lumbago the remedy in ten or fifteen drop doses of the undiluted tincture every half hour will afford speedy relief.

Piper methysticum in ten or fifteen gtt. doses every fifteen minutes will abate gastralgia of the aged.

Potassium iodide is the remedy for syphilitic neuralgia, and in sufficiently large doses acts as promptly as morphine in other cases. A patient suffering from syphilitic neuralgia can be given from twenty to one hundred and twenty grains of potas. iodide, insuring positive relief from pain.

Rhus tox. will frequently relieve left ocular neuralgia when the pain is burning and stinging and the pulse sharp and quick. The dose is one or two drops of the tincture well diluted with water. This may be given every hour or two until the pain is allayed.

Xanthox. is indicated in neuralgia accompanied by tingling sensations and hyperæsthesia of affected region. Dose, half teaspoonful of the tincture every hour.

When there is pain in the abdominal region centering about umbilicus, associated with nausea, sallowness and constipation, nux vomica ten drops to four ounces of water, teaspoonful every two hours, will be found efficient.

Melilotus is of remedial force in neuralgia of a periodical but non-malarial nature, spasmodic attacks coming on about same time daily, often associated with nausea and diarrhea. In this case melilotus will ease pain better than morphine or quinine. Dose, one-half teaspoonful every four hours.

There is a painful condition affecting the patient in the cardiac region, spasmodic in appearance, with weak pulse, dyspnoea, vertigo, and increased by heat, which is relieved by glonoin, five to ten drops of third decimal dilution every half hour.

Apocynum is indicated when there is œdema with blanched and glistening skin, sluggish capillary circulation, constipation and deficient renal action. Dose, two drachms tinc. to four ounces of water, teaspoonful every three or four hours.

The external applications used in the acute stage of neuralgia consist of hot or cold applications as the case may be; sometimes cold in the form of ice bags laid upon the painful region will ease the pain, or cloth wet with cold water and applied to the part may give relief. The cold douche spray or shower has in some cases proven efficient in relieving neuralgic pain. On the other hand, cold in any form may increase the pain, when hot applications may relieve it; the hot water bag seems to afford much relief in ovarian neuralgia when laid over

painful region. Hot water applied in various ways to neuralgic parts is often grateful to the patient. Poultices of linseed meal, ulmus, or other substances saturated with tr. opii is a favorite method of relief adopted by patients. An ointment consisting of menthol dr. ss. cocaine gra. v. Boracic acid oz. ss., vaseline oz. ij, affords much relief when applied to cases of pleurodynia, accompanied by herpes zoster. Sinapisms locally applied, or the application of small blisters along the course of the nerve, may for a time ease pain, but these measures are better in neuritis. Some favorable results have followed the application of a fong strip of comp. tar plaster on the course of the painful nerve.

Liniments are frequently applied to the painful parts; they are not of much value except for temporary relief. A liniment frequently used is composed of equal parts of alcohol, ether and chloroform. Another favorite formula is a combination of tr. iodine, tr. opii and tr. aconite, equal parts of each for local application. The application of turpentine, oil cedar, oil wintergreen and aqua ammonia aa. is sometimes useful in relieving sciatica.

Osmic acid, five drops of a one per cent solution, has been used hypodermically, as has also carbolic acid, five or ten drops of a solution made as follows: ten drops carbolic acid in a half ounce of glycerine diluted with one-half ounce of distilled water. The writer has never given aconite hypodermically, so can not speak of its merits.

Acupuncture consists in thrusting a needle into the body of the nerve trunk, practiced sometimes with indifferent success in sciatica. The needle is sometimes connected with the poles of an electric battery, when the proceeding is then called electro puncture. Aqua puncture consists in throwing water into or near the nerve with a hypodermic syringe; instant relief sometimes follows its use.

The application of the electric current, whether faradic or galvanic, has never proven of much benefit in relieving pain during the paroxysmal period, but is highly regarded by some practitioners. This agent has been of more value when used in the intervals between pains to restore nerves to normal healthy condition.

Surgical measures are only adopted after other methods of treatment have failed to cure. Neurotomy, neurectomy and nerve stretching have been followed by good results in selected cases. Removal of the gasserian ganglion for the cure of tic deouloureux is occasionally performed with good results. Excision of this ganglion is quite a formidable operation, but is submitted to by patients who prefer the risk rather than continue an agonizing existence. In fifty-two cases reported by Chispault in which the ganglion was entirely or partly removed, or an intercranial section of the fifth performed, fifteen patients were cured, fifteen were improved, thirteen were not benefited and nine died from the operation. Operative measures will always fail to give relief when the cause is central.

Periodical neuralgia when of malarial origin is readily cured with

quinine. Fifteen grains of the drug given an hour or so before time for the paroxysm will usually prevent its occurrence. However, it sometimes happens that quinine does not cure; then we must look further into the case and we will find conditions the removal of which is necessary before the antiperiodic will exert its full influence. For instance, when the tongue is contracted and of a deep red color, with a brownish coat in center, sordes on the teeth and the mouth dry, dilute hydrochloric acid should be given to correct this condition. Sixty drops of the dil. acid to four ounces water; dose, teaspoonful every two or three hours.

Sulphurous acid, one half ounce added to three and one-half ounces simple sirup, is indicated when the tongue is broad and full with glutinous brown coat and viscid sordes on the teeth. On the other hand, there may be an acid condition which prevents the action of quinine; this will be shown by the broad and pallid tongue, thick, dirty, pasty, white coat and pallid mucous membrane. The dose will be five to ten grs. in capsules every four hours.

When there is imperfect digestion, vertigo, hepatic torpor, constipation, tongue full and sodden, heavy, dirty, brown coat at base, sallow skin, podophyllum five drops every four hours, or one fourth gr. podophyllin pill will answer. Removal of the above conditions will clear the way for the beneficial action of quinine. In some cases of periodical neuralgia associated with anæmia the following combination acts well: quinine xv. grs., ferri prus. grs. j., capsicum grs. i., divide into three capsules; dose, one every hour beginning three hours before the expected attack.

The general treatment which is given between paroxysms with the object of improving the health of the patient, and thus removing the cause of the neuralgia, must be guided by the indications.

When the skin is puffy, blanched and glistening, sluggish capillary circulation, constipation, urine scanty, we would give apocynum one dr. to four ozs. water or other vehicle, teaspoonful every four hours. Fowler's solution of arsenic in drop doses three times a day will be found beneficial when the skin is sallow and doughy, pulse soft and feeble, extremities cold, emaciation.

Cuprum is indicated when there is anæmia, with bronzed skin, languor and exhaustion.

There is probably no better remedy in our materia medica for removing the condition antecedent to neuralgia than sodium salicylate, but we need not expect results unless we have the indications; they are, pallid tongue, thin, bluish, white coat, intestinal flatus, rheumatic diathesis.

The lithium salts are of benefit in some cases; thus when there is swelling of joints, urinary deposits, and indigestion, with acid eructations, five grs. of lithium citrate may be given every four hours. Lithium bromide is better adapted to those cases with epileptic tendencies, associated with insomnia, mental depression, pain between shoulders, renal torpor.

Howe's acid solution of iron should be administered in five-drop doses three times a day when there is weakness, debility, anæmia, paleness and indigestion.

Phosphorus—dry, hacking cough, nervous irritability, mental derangement, flushed face, eyes mild and glassy, ten drops to four ozs. water, teaspoonful every two hours.

Chelidonium is indicated by full, sallow tongue and mucous membrane, greenish, sallow skin, cough with pain in hepatic region, indigestion, melancholy, five drops tr. every six hours. There will be, in some cases, symptoms calling for cinchona col. tr. These are anæmia, afternoon pyrexia, paleness, weakness, loss of appetite, deficient recuperative energy, one dr. to four ounces water, teaspoonful every four hours.

The tr. euonymus atropurpureus will be found remedial as an anti-neuralgic when there is anorexia, indigestion, constipation, debility after malarial infection, ten to thirty drops three times a day.

SOME PLASTIC SURGICAL OPERATIONS.

By Austin S. McKittrick, M. D., Cleveland, O.

USUALLY there is little or no danger to life connected with plastic operations, yet they often tax the surgeon's skill and resources more than some of the major operations do. There are different methods of operating in most of these conditions, but I shall give the method I prefer, and which has been most successful in my hands.

Epicanthus is a fold of skin passing from the nose to the eye-brow, covering part of the inner canthus of the eye, making the nose look broad and flat. The condition is not very common. With a pair of tissue forceps pick up the fold of skin, put it on the stretch until it clears the canthus; with scissors curved on the flat cut out an elliptical piece and bring the edges together evenly with a subcutaneous suture. If the palpebral fissure seems small it may be enlarged by cutting the outer canthus a little, stitching mucous membrane of lower lid to skin of lower lid, and doing the same with upper lid.

A little boy three or four years old, of Bellefontaine, O., burned his mouth with concentrated lye, resulting in partial closure of the lip at each angle of the mouth. This was not only a deformity but interfered with talking and eating. Under chloroform I dissected the cicatricial tissue, and carefully and closely stitched the mucous membrane and skin together so that there was no raw surface. The result was all that might be desired. He had been operated on before, but the operation was not successful and had been followed by a malpractice suit.

STAPHYLORRHAPHY.—The repair of cleft palate is a very difficult operation if the cleft is wide. If the patient is old enough and can stand the operation without general anæsthetics it is better not to give one as there is some danger of the blood getting into the larynx, although

the danger is reduced to a minimum by lowering the head. Frequent applications of cocaine will lessen the pain very materially.

With mouth-gag in place the edges should be thoroughly freshened. A curved needle with an ordinary needle holder is usually the best. While recently operating on a case in the practice of Dr. J. H. McEl-Hinney, of New London, and by whom I was very ably assisted, the doctor suggested the use of a perineum needle having a curve nearly at right angles with needle, which I found quite useful.

The sutures should not be too tight. If it is found that there is too much strain on the sutures the palatal muscles should be cut by passing a tenotomy knife through the soft palate, passing upward just inside the humular process. There may be a little boric acid or other antiseptic applied to wound. The patient should be fed on liquids for three or four days, and soft food till the ninth day. The stitches should be removed from eight to ten days. If a small place remains ununited, it may be made to close by touching it with nitrate of silver.

Vesico-vaginal fistulæ are most often caused by impaction of the child's head in a narrow or contracted pelvis, and are not due to the use of forceps, but to the condition that makes the use of forceps necessary, or to *delay* in using them.

Syphilis, stem pessaries, cancer of the cervix uteri, all have been known to cause the condition, as has also accidental wounds in vaginal hysterectomy. The best time to operate is from five to ten weeks after the injury. The instruments needed are speculum, retractors, knife, scissors, tenaculum, tissue forceps, silk worm gut, cat-gut and silk.

About a year ago, Mrs. C. presented herself at Antonio Hospital, Kenton, O., stating that following a very difficult labor within three or four days she began to pass urine constantly. With patient in lithotomy position, introducing the speculum we find a fistula extending from within one-half inch of meatus to the junction neck of the womb, and three-fourths inch on either side, making a large chasm through which the inflamed mucous membrane of the viscus was protruding. With speculum in place and by the aid of lateral retractors and a guy-rope made by passing a heavy silk suture through the neck of the womb, the whole field was brought plainly into view. With a sharp knife I outlined the extent of denudation clear around the fistula. With tissue forceps picked up this tissue, cut it with a pair of sharp pointed scissors curved on the flat. Doing this at the expense of the vaginal side and going just to but not including the vesical mucous membrane, leaving a beveled denuded surface. A constant stream of hot water controls the hemorrhage and keeps the field clear. Be sure there is no undenuded surface in the wound. All cicatricial tissue is to be removed. Pass first in middle of the fistula, beginning about three millimeters from the edge of the wound in the vaginal mucous membrane, passing it down to but not including the mucous membrane of the bladder. Other sutures are in like manner about one-sixth inch in both directions from the first. Beginning in the center tie each way, bring the freshened

surfaces snugly together, but not *too* tightly, passing up on each side of the neck of the womb in the same manner. When through, the wound looks like the letter y. Be careful not to sever a ureter when freshening the fistula, nor to include one in your sutures.

The patient should be put to bed and a soft rubber catheter introduced into the bladder; with rubber tubing make siphon into a pan of water at the bedside. The catheter may be removed and cleansed every day. It should be used for six or eight days and then dispensed with. The urine should be drawn every four or five hours for three or four more days. The bowels should be kept open with epsom salts from the first. The stitches may be removed on the fourteenth day.

SKIN DISEASES—IMPETIGO.

By E. H. Moore, M. D., Rew City, Pa.

[Continued from page 678, vol. 60]

IMPETIGO is an acute, non-contagious affection of the skin, characterized by the development of discrete, round acuminate pustules, the size of a split pea, situated on a hard, slightly inflamed base, and usually disposed in groups. In a few days the pustules discharge their contents upon the surface, which forms thick, yellow crusts. When these incrustations are removed, their former site will show some redness, but no cracks, pigmentation nor cicatrices.

Symptoms.—There are several divisions made of this disease, principal among which are impetigo sparsa, meaning scattered, impetigo figurata, being in irregular shaped patches, and impetigo larvalis, having the appearance of a mask. These divisions are only a matter of fancy, and do not justify a separate description.

There may be an increase in temperature and circulation, with headache and slight indisposition, or these conditions may be entirely wanting. The pustules contain pus from the beginning and never commence as a vesicle. In some cases blood may be mixed with the discharges, which gives the crusts a dark color, and in rare cases the contents of the pustules is absorbed. The face, scalp, hands and lower extremities are the parts most often attacked, but no part of the body is entirely exempt. There are no subjective symptoms except an occasional slight itching.

Etiology.—This disease attacks children at dentition, and persons of light complexion and delicate skin. Its subjects are found generally among the poorly fed, who lack good clothing and proper hygienic advantages. It may be brought on by excess of mental or physical action, or by contact with irritating substances. People between one and twenty years of age are most subject to it. It may exist at the same time as digestive disorders, and is probably reflex in its nature. The disease is not very prevalent.

Pathology.—Inflammation exists in the papillary layer of the corium, resulting in the production of pus.

Diagnosis.—The pustules of impetigo are small, acuminate, and situated on the hard, psyractious base. The characteristic exudation is yellow, but is sometimes mixed with blood, causing the crusts to be brown, which would otherwise be thick, yellow and friable. A slight redness where the crusts have been removed is the only change in the appearance of the skin. The pustules of impetigo may be scattered or grouped, but do not coalesce; however, the exudation may cover the intervening spaces, and especially on the face, forming nearly a complete mask.

Impetigo is known from sycosis by the pustules of the latter being perforated by a hair. The pustules of porrigo are imbedded in the skin, and the scabs are umbilicated. The pustules of ecthyma are flat and have a distinct areolar base, the crusts are black or brown, and the skin beneath is excoriated. Impetigo contagiosa is a vesicular disease, and, as its name implies, is contagious.

Prognosis.—The acute form lasts from two to four weeks, which consists of one crop of pustules, but if they tend to reproduce it may become chronic and last for months. The disease is never dangerous to life, unless co-existent with some severe internal malady, but it may be very persistent in its course, and for that reason the prognosis should be guarded.

Treatment.—The first indication is to remove the exciting cause as far as possible.

Local.—If the disease is on the head the hair should be kept closely cut. It may be necessary to use poultices to remove the crusts, then wash thoroughly with hot borax water. If the exudation is persistent an application of sulphate of zinc dr. j. to an ounce of water, or nitrate of silver grs. xx. to water one ounce, applied twice a day, will aid in drying it up, after which the parts should be dusted with subnitrate of bismuth or a combination of powdered starch and oxide of zinc. If the parts are dry, zinc ointment, or dr. j. of either ichthyol or resorcin to the ounce of vaseline may be employed.

Internal.—If there is any fever present, use the indicated sedative, with whatever other remedy there is a particular call for. The bowels should be cleansed with small doses of podophyllin or cream of tartar. The kidneys are apt to be at fault, and may be benefited by a few doses of acetate of soda, well diluted with water. Sulphide of calcium 2 x. in gr. v. doses, twice a day, seems to act well in all pustular diseases, and prevents the eruption of new pustules. Sulphur 1x may be given in gr. v. doses twice a day for dirty sallow color of the skin, and dirty color of the mucous membranes. Sulphite of soda grs. x. three times a day for dirty, pasty, white tongue. Phytolacca for enlarged glands and dryness of the mouth and throat. Iris versicolor for fullness of the throat and enlarged thyroid gland. After the disease is controlled, the patient should have tonic for some time. For this purpose selections can be made from Fowler's sol., nux vomica, hydrastis, tr. muriate of iron, syrup of the hypophosphites, and the mineral acids.

IMPETIGO CONTAGIOSA.—This is an acute, contagious disease, characterized by the formation of discrete vesicles, about the size of a split pea, with no areola. The vesicles enlarge in a few days, become umbilicated, and their contents turn to a straw color. This is soon discharged on the surface and forms yellow, granular crusts, which are very loosely attached.

Symptoms.—The eruption is preceded a few days by fever and general discomfort. The vesicles as a rule are discrete, but may sometimes coalesce on the face. This disease is contagious, and several members of a family may be afflicted at the same time. There may be quite a bit of annoyance from itching, especially at night. The eruption usually appears first on the face, attacking the chin, cheeks and forehead, but may begin on the top or back of the head, or on the hands. It is conveyed from one part to another by the finger-nails, and may thus be carried to any part of the body. The contents change from a transparent in the beginning to a straw color, or purulent. The vesicles frequently enlarge to $\frac{1}{4}$ inch in diameter. When they have reached maturity they become flat or umbilicated, burst, and the exudation forms thick, yellow, granular crusts, with raised edges, which scarcely seem to touch the skin. The skin beneath will be slightly red, but not fissured. The disease is sometimes conveyed to the mucous membrane of the nose and eyes; the latter is a very painful and unpleasant condition, but it soon passes away.

Etiology.—This disease is contagious, auto-inoculable and sometimes becomes epidemic. It is found principally among children that are neglected in cleanliness, clothing and food, and is said to frequently follow vaccination.

Pathology.—The pathology of this disease is not clearly determined. The vesicles are quite superficial and do not as a rule affect the deeper layers of the skin.

Diagnosis.—If the case is not seen early, the vesicular character may have passed away, but the febrile symptoms, its tendency to attack children, the history, the location, the contagious character, the bright yellow color of the crusts, and their appearance of being "stuck on," the shiny, red surface beneath, together with the exclusion of scabies, eczema, varicella and other vesicular diseases, will establish its identity.

Prognosis.—The prognosis is favorable. The natural course of the disease being about three weeks, unless prolonged by new inoculation.

Treatment.—To a patient afflicted with this disease, cleanliness, good food, fresh air and sunshine are essential.

Local.—The crusts should be softened with oil or poultices and removed. Then clean the surface thoroughly with hot water and borax. As the exudation is liable to inoculate other parts its character should be changed. For this purpose apply peroxide of hydrogen, or a five per cent. solution of nitrate of silver. The latter should be applied

with a brush, and only to the exuding surface. Following this an ointment made with vaseline and oxide of zinc, plumbum acetate, or calomel, will readily heal the sores. Shoemaker recommends: R.—Ammoniated mercury grs. x., carbonate of zinc dr. j., thymol gr. j., adeps oz. j. R.—Ammoniated mercury gr. x. to vaseline one ounce.

Internal.—If there is any fever, aconite or veratrum will be indicated, with which there will likely be a call for rhus tox., gelsemium or belladonna. If the tongue indicates a bad condition of the digestive tract, select as indicated an alkaline or acid treatment to be alternated with the sedative. The 2x or 3x trituration of antimony and potassium tartrate in gr. jj. to gr. v. doses, is particularly indicated by the formation of yellow crusts. Graphites, for excessive oozing, eruption around the nose and mouth, and for a fissured condition of the skin beneath the crusts. In some cases iris versicolor, thuja, Fowler's solution or sulphur will be found useful.

CROUP—HYPODERMIC MEDICATION WITH SANGUINARIA NIT.*

By B. McMillen, M. D., Columbus, O.

THE specific indications for *sanguinaria canadensis* are disturbed respiration due to irritations or inflammations, especially when accompanied by spasmodic conditions resulting from irritation of the pneumogastric nerve, which causes symptoms of restriction during inspiration with diminished oxidization of the blood.

Specific *sanguinaria* and the nitrate are the most satisfactory preparations of this remedy. The above conditions are usually met with in simple and the more complicated cases of croup, and for twenty years we have found it a most excellent remedy in this disease. We have used it alone or in alternation with aconite, ipecac, and chloralhydrate, but it is the hypodermic use of the *sanguinaria* nitrate to which we wish to call your attention. In mild cases of croup medication by mouth will be sufficient, but in those severe cases where death may result in from two to ten hours time, the ability of the stomach to absorb medicine should not be trusted.

I have had prepared for me soluble tablets of *sanguinaria* nitrate 1 50 grain; the dose being 1 100 to 1 50 grain according to the age of the child, repeated in half hour if necessary. I have in several cases used the powdered nitrate hypodermically, and while the drug is a powerful irritant to mucous surfaces, have had no abscess follow its use, but this danger should be reduced by using only the carefully prepared hypodermic tablets.

We will add the indications for the other remedies we most often use in croup. Aconite—for the inflammation when the other well known indications are present. Chloralhydrate—to relieve laryngeal spasm, due to irritations of pneumogastric nerve, in doses of one to

* Read before the Ohio Central Eclectic Medical Society, October, 1900.

three grains every five to ten minutes. Ipecac—to promote secretion, if necessary carry to free emesis with the idea of dislodging the croupous membrane.

LOCAL TREATMENT OF UTERINE DISEASES.

By Kimmel Rauch, M. D., Myersdale, Pa.

IN using local treatment of the uterus, we should have two objects in view: First, to remove the disease; second, to restore the uterus to its normal condition. Succeeding in the first, the second will follow as a natural consequence; but it may or may not, according to the treatment employed. There is no doubt that in the years past, and even at the present time, a great amount of the treatment employed, though it arrests the inflammatory troubles, also proves so destructive to the normal uterus as to render the last condition worse than the first.

In the care of uterine diseases we may follow the generally accepted rules laid down for the treatment of inflammations, which are: Place the diseased organs at rest, and quiet irritation by the indicated sedatives and the local applications which are indicated.

To accomplish this it is necessary to use all the remedies which are indicated, changing and adapting them so as to meet the symptoms of each case. Rest should be secured by having the patient abstain from long walks or any employment that necessitates a long-continued standing. If the uterus should be displaced, replace it and keep it in position, if possible.

Position has much to do in modifying the circulation of the pelvic organs. Sitting in a chair all day because they suffer when they walk should be avoided. Short walks or rides followed by rest in the recumbent position are to be advised.

In the treatment, the questions arise, first, what remedies shall we use, and how shall they be used?

We should not use any agents which may destroy the structure of the uterus, such as nitric and chromic acids, caustic potash, or the actual cautery. Nitric acid and other caustics are not so much used as formerly, but being laid aside in some cases for the no less destructive agents, the galvano- and thermo-cauterics, which have their value in the treatment of malignant diseases, where the destruction of tissue is called for, but in the treatment of inflammations they cannot fail to work great destruction.

In the treatment of chronic endometritis the general treatment should be secondary, and the immediate and undoubtedly best treatment should consist of a thorough curettage, removing the entire broken down and diseased endometrial lining.

The patient should be prepared in the usual manner for operations by attending to the bowels, baths, diet, etc. The uterus should be properly sterilized and under an anæsthetic the diseased membrane

should be carefully scraped away with a curette, an application should then be made of carbolic acid by means of a little cotton wrapped around an application, after which the cavity of the uterus should be packed with iodoform gauze, which should remain from 12 to 24 hours, as the case may be, removing a small portion at a time until it has all been removed.

It is well to commence removing it as soon as there is pain from the contractions of the uterus, which gradually contracts after a curettage. In the course of 6 or 7 weeks a new and healthy endometrium is usually developed within which time the patient will be greatly benefited if not completely restored to health.

In addition we should use the specifically indicated remedies, which will assist the local treatment.

Where you can't curette by reason of objections of patient, some benefit may be derived from the local application to the uterus of tampons saturated with fluid hydrastis, distillate of hamamelis, glycerole of tannin, or belladonna, as the case may be, first wiping away the discharge.

We may also derive some benefit from intra-uterine injections of astringents but the benefit can only be temporary. It is best to resort to the curettage at once, which will give you permanent and satisfactory results.

EUCALYPTUS GLOBULUS.

By A. B. Woodward, M. D., Tunkhannock, Pa.

EVERY day brings to our notice new fads. Some have merit, many of them have no merit, as proven by real test. Real merit in remedies is proven only by repeated trials under different attending conditions. Truth, in real remedies, will give uniform results in conditions for which they are remedies, under all circumstances, whatever other conditions may be present.

We are too liable, in our taking to so many *new things*, to forget our old and well tried friends that have so many times proven themselves to be our faithful saviors, in many cases where we thought no aid for the vital energy could be given, and yet the old reliable have proven to be the remedies required.

Along in the early fifties, I, by the merest accident, obtained an idea of the valuable properties of the long-leaved eucalyptus, as being possessed of antiperiodic, disinfectant, and antiseptic properties of great merit. After many trials to obtain a sample of the beans by writing to Philadelphia, New York, Detroit, Cincinnati, and other places, and receiving the one answer, "There is no such thing," I still had faith in what the Australian had told me years before—the only information I had of the article.

My persistency prompted me to write to Australia, and send a five dollar note enclosed in the letter. In due course of time, I received

by mail one pound of the long leaves of which I made a saturated tincture with 95 per cent. alcohol.

After repeated experiments with the tincture, I reported five cases treated with it to the *E. M. JOURNAL*, and which was printed in that Journal on page 20, 1877. By this time I had no trouble in getting the long leaves in 200 pound bales from Australia.

From 1872 to 1875, I was many times led to think that eucalyptus and cold water, with the evaporation from boiling the beans in the room and common sense nursing, would save any case of typhoid fever or diphtheria. From observation of facts in its use, I had myself become quite "faddy."

As a disinfectant in cases of diphtheria or scarlatina, it has no equal. In dysenteric cases of this season having a tendency to a putrescent state from the very start, it has, as ever before, shown its great power in overcoming the putrid condition at once, as above described in the typhoid cases. In confinement cases it shows its superiority over all other disinfectants, especially for the washes so necessary for the vagina. The cases reported in the Journal give a partial outline of its usefulness.

The many new things that are said to be sure cures, are seldom proven to be what they are recommended, and the doctor who takes them all in at sight often finds himself taken in, as well as his patients. New things should be tried continuously, especially when our reputation and the lives of our friends are at stake. Again, in our eagerness to try all of the new things that are every day recommended and pushed on the market, said to be sure cures, we are liable to lose sight of valuable proven facts.

When I step into a sick room, no matter what the so-called disease may be, and I catch a bad odor, (by the way, my nose is a sure guide, never failing to impress me with truth,) I think of my old and true friend, eucalyptus, and especially in bad managed cases of abortion or confinement, dysentery and all fevers, when putrescency is the first thing that strikes you when entering the sick room, and sometimes when entering the outer door. Eucalyptus can be used in all cases without danger of doing harm. *Mark this.* In all the years of my extensive practice, since using eucalyptus and equisetum—and which I always do in fevers—I have never had a case of hemorrhage of the bowels, neither typanitis.

SUCCESS OR FAILURE.

By E. Lee Standlee, M. D., St. Louis.

SUCCESS or failure? This is the vital question in every pursuit or walk in life, no less in the professions of medicine and surgery than other business or professional pursuits. Man rushes forth from his alma mater, sheep-skin in hand, feeling that the battle, though hard fought, has at last been won. With brightened eye and quick-

ened step, success seems just before him. He rests from the long, dreary college terms, and he begins the task before him, which seems only too pleasant in comparison with the one he has just finished.

Ah! my boy, how you will soon find that the realities of a professional life are not to be easily met and learned. The test is now to be made, as to whether success or failure shall crown the final effort. Many have climbed far up the hill of fame, and then loosed their hold because of some trifling difficulty, and terminated life with failure. Others from very meager beginnings have in the end revolutionized a continent or a world.

What, after all, constitutes success? Webster would say that success means prosperity and good fortune. From my general acquaintance with the world I am convinced that most men would define it by using the terms property and its equivalent, money. To be sure, "the laborer is worthy of his hire," but there are so many other questions of vital importance that the money feature becomes a question subservient to the nobler ends of elevating man and making the world better. The professions of medicine and surgery offer in this direction as great opportunities to-day as any other walk in life; but alas! what fearful opportunities are also offered for devastation and destruction. The family physician approaches nearer to the home life of his patron than even the minister of the gospel. He is looked upon as a true and sympathetic man, of sound judgment and good sense. His opinions are sought on other subjects than health alone, and are valued accordingly. Through all the stages of human life, with its trials, difficulties, and afflictions, he lends a kindly, helping hand, and entwines himself about the hearts of the people. He is, for this reason, capable of moulding largely the sentiment of the community in which he lives. How often is the family doctor quoted on this or that subject, and in the most perfect confidence. How necessary that his answers and suggestions be based upon the most careful study and scientific investigation, rather than simple statements made either to satisfy the inquiring mind or to dismiss the subject. I have unfortunately heard just criticisms upon the profession, in regard to topics purely medical, by those in the more ordinary walks of life, who did not profess much knowledge on questions of the kind, but they had been close observers, and reasoned from analogy and a common sense point of view. This should not be so, and would not if physicians would only rise to their privilege and utilize the great opportunities now offered for knowledge and improvement.

Some of the principal means of success offered the medical man of to day, are the methods of communication and exchange of thought. If I have learned a new thing which adds to my success in the relief of suffering humanity, within thirty days or less it can be given through our journals to thousands of physicians. Tens of thousands of patients can reap the benefits. But some physician of the old school will say this did not come through the proper channel, and I will not

accept it. It is a specific medicine, or it is one of the Eclectic preparations, so I think I can get along in the good old way for awhile yet. And thus, through prejudice, the patient is denied that which hundreds and even thousands of physicians have proven the most successful treatment under the circumstances and conditions present.

Attention to minute and apparently small things goes far toward making a physician successful in the practice. One of the most signal and humiliating failures I have made was in making a circumcision on an infant, and that, too, when I had performed a number of successful laparotomies and hysterectomies. I learned a lesson then and there, although no one recognized my failure except myself. I resolved to do work in the future which was above criticism, and so I put my mind to work as well as my hands, and soon found the effort of much service to me. It is as necessary to think as to act, and I often hear as it were the words my mother so frequently repeated: "Think three times before you speak or act." If this could only be observed in the professions of medicine and surgery, what an improved practice would soon obtain, and as a consequence what a boon to suffering humanity would follow.

A young man came to me recently quite discouraged about some cases, and wanted advice and consultation in the matter. Upon investigation I found he was doing as well as could be expected under the circumstances. He had met some of the realities of pathology, and had studied over the matter until almost broken down, and felt after all that he was doing very little for the relief of his patients. I sympathized with him, for I had been there too. But I believed that he was on the road to success, and that a little encouragement was all he needed. I endeavored to supply it, and sent him away feeling much better. His patients recovered, and later advices indicated that this physician is on the road to success.

It is a wonderful thing to believe deep down in the heart that a patient deserves the very best service I can give, and that he should have it. I fear we are not sufficiently conscientious on this line. It is what I owe to my patient as much as he owes me for the service when it has been rendered.

Organization at the present time lends much that is helpful toward the success of the profession at large. Our fathers fought a long and hard battle for our wonderful system of medication—eclecticism. Every foot of the ground was contested, and now it remains for us to continue the good work until the entire loaf has been leavened. Concerted action with complete organization is necessary for this purpose. State and local organizations should be flourishing in every State in the Union, and a full share of support from each should each year be given our National society. It is not enough that part of the profession only participates in this organization. Every physician owes it to himself and his patients to obtain the benefits due him from such organized effort. No physician who lives a secluded life in a quiet

practice, without the benefits of such organizations, has given to his patrons and the world the best he could have given.

Eclecticism is a recognized system of medicine before all bodies and tribunals. Its practice has proven successful when properly followed. The people demand its service and call for eclectic physicians. It is recognized by all boards of health, insurance societies, and companies of all kinds, so let us never permit her banner to be lowered, but keep it floating until all shall have had an opportunity of testing the merits of her principles.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

CICATRICAL TISSUE FOLLOWING TRACHOMA.

A few months ago a typical case presented who had been under treatment for over two years, the routine treatment having been employed.

The left eye had the characteristic dense pannus of the upper half of the cornea, while the lower half was filled with bloodvessels, impairing the vision so that it was but little better than the ability to count fingers at three feet. The right eye was in a better condition, but vision was about 20-40. The conjunctiva of the upper lid of the left eye was firmly adherent to the underlying tissue, presenting the characteristic appearance seen in these cases.

The patient was a robust man, locomotive fireman by occupation, but on account of the condition of his eyes was unable to work. As he had been under the treatment usually employed in these cases, for two years, there was no use of trying the remedies he had already had. After studying a little over the case, concluded to try the following: R—Lloyd's thuja, glycerine aa; this mixture was applied by means of a hard wad of cotton held in a cilia forceps, the lids being rubbed with considerable force; this application was made every other day at the office.

For the patient to use at home, a prescription of Lloyd's thuja, gtt. v, vaseline alba 3ij, was given with the instruction to put a portion the size of a grain of wheat in the lower culs-de-sac, before retiring. A collyrium was also given, consisting of Lloyd's ergot gtt. xx, solution of boric acid, q. s. fl. 3ss; this to be dropped into the eyes every three hours. As the general health of the patient was all that could be desired, no constitutional remedies were given. After about four weeks of the treatment, the vascular condition of the left cornea was much lessened and vision had improved to 20 200. In the right eye the vision had improved to 20-30. The conjunctiva of the upper lids of both eyes was much looser than when the treatment was first employed.

At the present time the tissues are quite soft, the vision in the right eye is normal, while that in the left eye has reached 20-40 and is still improving. The advisability of a canthotomy was suggested, but refused by the patient.

In the earlier stages of trachoma I have obtained no satisfactory results from the use of thuja, but after cicatrization has commenced or has become established, it seems to have a kindly influence.

The use of ergot in these cases is beneficial through its action in controlling the local circulation and by contracting the vessels. The glycerine in the local application undoubtedly has a beneficial action also, as we know that the use of this in atrophic conditions of the mucous membranes of the nose and throat, almost invariably is followed by satisfactory results.

Prior to the time I placed the man on treatment he would have a relapse every three to five weeks, but has had but one since I have had him under treatment, and this was only of a few days duration, and he said not as severe as the former attacks.

EPISTAXIS, NASAL HEMORRHAGE.

This condition has received attention from medical writers from a very early date. Among ancient writers, Avicenna was given the credit of having written the most exhaustive description of nasal hemorrhage, as well as for the measures controlling the same. The local use of styptics and caustics was understood, the principle being the same as the methods advocated by many at the present time, but the preparations used were not what at the present day would be considered elegant pharmaceuticals. "He very properly inculcates the propriety of producing revulsion and evacuation of the general system by bleeding at the arm. He directs us to apply ligatures to the testicles and extremities, to place the patient in water cooled with ice, and to pour the same on his head."

One cannot help wondering, after reading these instructions, whether the gentler sex were not afflicted with nose-bleed in those early days. If they were, the question is, what measures would be adopted as a substitute for ligating the testes?

It appears as though an unjust discrimination against the sex prevailed at that period of medical advancement. The custom of applying ligatures to the extremities still prevails in some localities, but is not generally employed.

Excluding traumatic causes, hemorrhage from the nose may result from an atonic condition of the system, cardiac lesions, sudden changes of temperature, violent exercise, weakened blood vessels, excoriation or ulceration of the nasal membranes, sudden change in altitude, simple or pernicious anemia, plethora; interstitial nephritis is not infrequently a cause, but it is not often found in other diseases of the kidneys; vicarious menstruation is also often a factor. Hemorrhage

is most frequently from the septum or anterior and outer walls of the nasal fossæ. The turbinates are seldom the seat of the hemorrhage unless ulceration is present.

Symptoms.—Premonitory symptoms are frequently absent, but when they are present, excepting in ulcerative conditions, the most frequent is fullness of the nose and head. There may be some congestion of the face, blurring of vision, dizziness, and tinnitus aurium is sometimes complained of. If the hemorrhage is that of vicarious menstruation, the line of symptoms experienced by the patient are analogous to those following the normal flow. The amount of blood may vary from a few drops to so much as to produce exhaustion. When this follows there will be dizziness, weakness, coldness of the extremities, ears, and tip of nose. In extreme cases death may result. The hemorrhage is usually unilateral, excepting in cases of degeneration of the blood vessels, or where it is a vicarious discharge. Blood may flow from both nostrils through perforation of the septum, or by passing from the affected fossa to the other side through the pharyngeal vault.

Treatment.—Different methods of tamponing the nostrils are employed and numerous appliances have been devised for this work. In some cases it may be necessary to use some styptic powder or solution on the tampon. Among internal remedies, ergot either alone or combined with belladonna. Where the blood seems to ooze through the tissues, especially if the surface is circumscribed, beneficial results have been obtained from the administration of carbo-veg. In diseases of the heart, cactus will often be found a valuable remedy. The administration of hamamelis has given good results in hemorrhoidal cases, although why this should be, is difficult to explain. Where there is a disposition to the formation of crusts in the nose, which, when loosened are followed by a few drops of blood, the use of bichromate of potassium will be found a valuable remedy, the exco-riated surface rapidly healing, and the disposition to crust formation disappearing.

PRESIDENT'S ADDRESS—American, Laryngological, Rhinological and Otological Society.

In this progressive age the investigating mind of scientific workers has necessarily increased the field of observation. Methods of investigation have undergone transformation. Conclusions and generalizations are founded on facts and definite lines of thought. It is this stimulus for investigation that, in order to become highly proficient, necessitates close application to one subject. With the increasing knowledge in medical sciences there comes a necessity of more subdivisions and classifications, although specialism is in no wise a modern innovation in medicine. In the days of Hippocrates and Galen it is written: "And they had physicians for the heart, for the lungs, for

the entrails, for the stomach, and for various parts of the human body."

Specialism is looked upon by many as a one line in medicine—not even a *double track*—while quite the contrary is true. The specialist must not only have a thorough knowledge—in fact an exact knowledge—of his subject, and in order to have that knowledge he must have a thorough knowledge of general medicine.

Why is it that the specialist is often considered narrow? Because often he is allowed only to treat the local spot, and the correction of the general health of the patient is left to the general practitioner, when in seven out of ten cases the local spot is dependent upon some systemic condition.

Specialism should not mean the treating of only a part of the body. While the specialist apparently limits his field of work to certain parts, yet the disease manifested in such parts is not necessarily local, and may be only a local manifestation of a systemic condition; then the specialist who does not take into consideration the general condition of his patient, to determine its possible effect on a local lesion, is not worthy of the name specialist. He is a *local* doctor.

In medicine the true purpose of all research for knowledge is the preservation and prolongation of life. The increased interest taken in the study of the natural and physical sciences has had a most valuable indirect influence upon the medical profession.

The tendency of the medical sciences has been upward. It must necessarily be, for, like everything in nature, when growth ceases it begins to die. The nearer we get to nature the more scientific we become. The same laws of chemistry apply equally to the clay and to the brain. Specialism has made most rapid progress within the last decade.

In order to bring about the highest perfection in medical sciences, it requires individual efforts of individuals and the united efforts of all. "He who thinks he can do without the world deceives himself; but he who thinks the world can not do without him is still more in error."

Radicalism and conservatism are necessary to any great reform. Both are necessary in medicine, and yet a very good maxim, with which many of us are familiar, is:

Be not the first by whom the new is tried,
Nor yet the last to lay the old aside.

In politics I suppose such a person would be called a "middle-of-the-road" man, but it is a good policy to pursue in medicine.

It is pleasing to note that within the last few years more and more attention is being given to the study of general conditions with local manifestations. If the specialist is not thoroughly versed in every branch of medicine, his field of investigation will be limited, and the otologist will consider every reflex disturbance of the ear, and the

rhinologist the reflex disturbance of the nose, and the laryngologist the reflex disturbance of the larynx, responsible for many ailments.

Our specialty also demands, besides this general knowledge of medicine, an intimate knowledge of associated and adjacent structures. How many catarrhal conditions of the pharynx and larynx are dependent upon and caused by a similar condition in the œsophagus or stomach!

We must not deal with the throat, nose and ear in a mechanical way, as if they were detached organs, but must take into general consideration the condition of the individual. This, then, involves a thorough knowledge of physiology, pathology and applied therapeutics.

One-sidedism in medicine is not limited to the specialist. While it may be *more marked* in that line, yet we do have the specialist crank in the general practitioner's ranks. For example, some general practitioners want to explain all our ailments from the uric acid standpoint, while others believe that auto-infection from the intestinal tract is the primary cause of all our diseases; yet it is the fanatic who starts great reforms.

For the past year or so turbinectomy greeted us on the "contents" page of almost every medical journal, only to die away like many other fads, and now fortunately more people are going about their daily avocations with their turbinates safely in place. Turbinectomy is the most overworked operation within the category of nasal surgery.

It is with great satisfaction that we note the dearth of literature on the subject of actual cautery for the reduction of intra-nasal growths and thickenings, and pharyngeal and tonsillar lesions. It has its uses, but I know of no therapeutic agent more abused in its use than the actual cautery in throat and nose work.

While the atomizer and douche are still used, it is not with that reckless frequency as heretofore. It is a well known fact that while much good may be accomplished by their use, yet it is possible, by their improper or over-continued use, to keep up the very condition you are aiming to relieve.—*D. Braden Kyle, M. D., in Laryngoscope.*

PERISCOPE.

WHAT PHYSICIANS SHOULD KNOW ABOUT HYPNO-SUGGESTION

President and Colleagues:—What to-day is offered you is a brief summarizing of principles and established facts in that branch of medical science which has been termed hypno-suggestion or applied psychology.

It would be inappropriate to apologize for so doing. The subject itself is an important one; it has emerged from the doubtful and prejudicial stage; it is experimental psychology in a higher degree, in

closer touch with man and his surroundings ; it is individual instead of mechanical,—it is clinical psychology. For these reasons, and because your position as advanced physicians requires that you should investigate and not theorize before you judge, the subject claims more than your superficial attention and knowledge. Your practical interest will quicken whatever disinclination or apathy there may exist, and idiosyncrasies will yield to experience.

My personal title to present this topic rests upon two years' clinical instruction under Professor Bernheim at Nancy, and Professor Kraft-Ebing at Vienna, including comparative psychological study with Professor Charcot at the Salpêtrière, and with Professor Forel at Zurich. For about ten years their teachings have been embodied in my medical practice in Boston.

Presuming a familiarity with the general history and evolution of suggestive therapeutics up to the present time, it suffices to invite your attention to some of the principal motor points.

Suggestion, we define as the mental process whereby an idea is introduced into the brain and results in act after the impression has been accepted. It is a physiological brain process.

Favorable conditions are the waking state, the ordinary and the artificial sleep, according to the individual's susceptibility. The competent physician selects the state most suitable for effective suggestion.

Hypnosis is induced to deepen suggestion or to prevent auto-suggestions which defeat the realization of suggested ideas or acts. Its various degrees constitute a psychological dosage, calculated to overcome voluntary or unconscious mental resistance. The passive state then promotes the cerebral automatism and enhances the conception of the projected image or suggestion. It may be called an exalted state, but only in the sense of concentration which excludes irrelevant ideation. We thus establish inhibitory centres and control cerebral activity of certain motor and sensory spheres. Through such control, we effect changes from abnormal to normal mental and physical life.

The hypnotic state is not analogous with cerebral neurosis. The result is a healthy physiological, and not a morbid pathological condition.

Suggestibility is proportioned to individual intelligence ; a positive, hypercritical mind resists.

There does not exist any means whereby a person's susceptibility can be accurately foretold, previous to hypnosis.

The one who is susceptible does not always prove suggestible, while the contrary is often the case.

The hypno-suggestive method ought always to be employed where a disease does not yield to other therapeutic efforts

Its physical sphere of action cannot, as yet, be sharply defined, but seems indicated principally in functional diseases of the nervous system, and frequently causes a complete disappearance of morbid symptoms, terminated by a radical cure ; favorable results also where

local lesions are produced by nutritive or circulatory deficiency. This has a diagnostic value, enabling us to determine whether the cause is due to nervous reflex, or to an apparent material injury. It is ineffective wherever there exists complete organic decay, as it never creates; but it can serve to circumscribe the area of anatomical death and save adjacent parts by infusing nutritive stimulation.

Its psychic field is large. Besides mental disturbances of varied intensity, certain forms of insanity may be benefited and cured, especially acute primary melancholia and intermittent mania, and where there are no strongly grafted hallucinatory complications. Idiocy is no longer considered incurable *a priori*, and has been ameliorated.

It has entered the educational and reformatory work, and as a moral vaccination, its lymph has been effective and less expensive than the costly system of ever-increasing penitentiary institutions.

What is, then, required of the physician, that he may practically be able to make use of this agent?

He ought to know its technical conditions, and possess exact clinical knowledge of hypnotic phenomena. The method being largely a psychic one, his education should extend to a comprehensive study of psychology, so that he may early appreciate and discriminate between psychic states and their subtle manifestations in mind and body. He needs no other especial equipment, although his individual qualities as a man have much to do with success and failure. He should remember that there is no possible routine application of psychology. An intelligent mind, earnest self confidence, the confidence of his patient, gentle firmness, resourcefulness and perseverance will make the task easy and the results beneficial. He becomes no "hypnotist" because he adds this efficiency to his medical knowledge. This term, and that of hypnotism as well, are erroneous and misleading; as hypnosis is but a part of the psychic process, a state only, of which suggestion is the dominant factor. A skillful surgeon might just as well allow himself to be called an etherizer or chloroformer.

In regard to danger, there does not exist any hypnomania. Accumulative medical experience in every part of the world contradicts positively any injurious result from hypno-suggestion, properly administered. It has no more detrimental effect upon mental equilibrium than ordinary sleep, with its ever-recurring dream hallucinations and illusions, during more than one-fourth of our mortal existence.

It is erroneous to believe that there is control of the will. A person can be made to do a thing, but no one can make him will to do it. It is equally false that a person once hypnotized henceforth becomes subservient to another's will. Experiment, merely for scientific purposes, is an abuse and should not be permitted.

The physician should suggest, for the protection of his patient, that only by giving his free consent can he ever become susceptible and suggestible, and then only for well-directed therapeutic purposes. As

a protection to himself, the physician should insist upon the presence of a witness.

You, as homœopathic physicians, have had the moral courage to hold forth to the world medical tenets which were opposed to traditional routine. You have had your bitter struggles, and you are now reaping esteem and recognition in regard to principles which you believed to be true ones.

So have those men struggled who saw truth and intrinsic merit in hypno suggestive methods, and therefore saved them from the ignorant abuse of charlatanism, until to-day their scientific teachings are honored with chairs of prominence in the older universities abroad, and by the increasing application thereof in the practice of reputable physicians in all countries.

I recommend the subject to your serious consideration.—*Henrik G. Petersen, M. D. before the Massachusetts Homœopathic Medical Society.*

THE COLOR CHANGES IN MEDICINES.

This paper refers to liquid plant preparations and to prescriptions made therefrom. The subject concerns both the pharmacist and the physician, and appears at frequent intervals, to confound both. Whoever makes a plant preparation, whoever prescribes one, must expect now and then to be told by the consumer that "the medicine is different from the last." Since we must all meet this question, or rather this assertion, let us see how we do so in fairness to the aggrieved person and in justness to ourselves.

Upon inquiry you will find that the person who makes the complaint, as a rule, has been careful and truthful. He has placed the full bottle of new medicine beside that which is left in the old one, and compared them. They are not of the same color; they may differ in consistence or in the amount of sediment. Any of these differences leads to suspicion, and to complaint.

I contend that such complaints are proper. If there be a doubt concerning the remedy, that remedy will not give satisfaction. Dissatisfaction with the remedy leads next to distrust of the physician or of the pharmacist. Then, a change is made. Better by far that a question be asked, an investigation made, and a fair answer returned, than to have the germ of suspicion grow into settled distrust. Speaking for myself, I will say that no greater pleasure do I find than in answering such letters of inquiry. My correspondence is voluminous; hundreds of letters on pharmaceutical and technical subjects come to my desk each week, and yet to each questioner, who seeks for information, I send a reply that gives me pleasure in the writing, and I hope carries to the recipient as great a pleasure. Some of these letters refer to a difference in color between the last of the preceding bottle of medicine, and the succeeding full one.

As a rule, it will be found that the complaint is just, for often there is a difference. The liquid in the bottle from which the physician uses day after day, may gradually alter in color, in consistence, in the amount of sediment. The change is imperceptible, but yet when the last fraction is reached, it has, in the aggregate, been a marked one. Then the unopened bottle is placed beside the portion left, and the change noticed. Next follows the letter of inquiry. Be it said to the credit of the medical profession, never yet have I known a questioner to be other than gentlemanly. Never have I known an answer to be taken in an unfair spirit. The question is asked, the answer is given, the subject is closed, if the parties understand each other. I take it the same rule holds good, when patients complain to physicians about the prescriptions. It is a common thing for complaints of this kind to come before prescription pharmacists.

But, in some cases, there is just ground for the assertion that a remedy is not, and was not, the same color. It is well known now that most coloring principles in plants are of no therapeutical value. Consequently, a shade difference in the color of a plant preparation is not considered a vital point, providing the valuable constituents are not altered. Sometimes it is necessary to make one batch of a preparation a shade darker, or lighter, than a preceding batch in order to maintain a certain standard of excellence. In such cases the physician may actually get two bottles, full bottles, from different batches, but of varying intensity of color. This sometimes occurs, and gives rise to a question which demands a fair explanation, and a fair explanation is all that any intelligent man asks.

Again, there are instances in which alterations in color occur from keeping medicines in full bottles. Even if securely sealed such color changes occasionally occur. All chlorophyl bearing plants yield green products. Some of these gradually change to brown, or yellowish brown, or yellowish red. The new batch of such preparations is green, but it is likely to undergo the alteration as did the preceding one. Thus, for example, when a physician keeps a bottle of pulsatilla over a season, he may find the next bottle very much greener in color. But this fact is too well known to require further attention.

As a rule it will be found that any complaint that may arise concerning the color of a plant preparation will find its answer in one of the foregoing sections.—*J. U. Lloyd in Med. Gleaner.*

Incompatibilities of Heroin and Heroin Hydrochloride.

Heroin and heroin hydrochloride form an essential part of so many formulas for the relief of cough, dyspnea, and pains, in the treatment of respiratory affections that it is important to determine in what combination they will prove most effective, and what are their incompatibilities. Owing to the insolubility of heroin in watery solutions it is necessary to add a few drops of some acid, acetic or hydrochloric, in

order to effect its solution. This can be entirely obviated by using the hydrochloride, which is freely soluble. The only incompatibilities of heroin and the hydrochloride worthy of special mention are alkalies, such as bicarbonate of sodium and carbonate of ammonium. On the other hand, salts of neutral reaction, such as iodide of potassium or chloride of ammonium maybe used in the same mixture, and this also applies to acid salts, such as the hypophosphites or acid phosphates. The vegetable expectorants, as ipecac, senega, squill, and sanguinaria, are entirely compatible with heroin and its hydrochloride. Although many physicians employ heroin without admixture, very desirable results have been reported from combinations with iodide of potassium, chloride of ammonium, and the vegetable expectorants, according to the indications present in particular cases. A word as to the dosage of heroin hydrochloride may be of interest here. The large doses at first recommended at the time of the introduction of heroin, are no longer preferred by the majority of authors, the average dose ranging from 1/24 to 1/12 grain in adults, and 1/120 to 1/60 grain in children. It is advisable not to employ larger doses until the smaller ones have been given a trial. Furthermore, many physicians now resort to the hypodermatic use of heroin hydrochloride in cases in which it is desirable to obtain an immediate effect, and especially in the treatment of spasmodic conditions, such as asthma, care being taken in the preparation of solutions not to add the drug until the water has partially cooled.—*Exchange*.

ENTERIC FEVER IN CHILDHOOD.

A. D. Blackader, M. D., (*Archives of Pediatrics*, Sept., 1900), assumes that typhoid fever, as met with in children under fifteen years of age, presents characteristics which distinguish it from the disease as met with in the adult.

He bases his conclusions on 100 consecutive cases occurring in children under fifteen years of age. Of these four were under two years, 13 between two and five, 40 between five and ten, 43 between ten and fifteen years.

He claims that in patients over fifteen years the disease assumes the characteristics met with in the adult, whilst up to that age it is of the type met in childhood, the symptoms being milder, and the duration in a majority of cases under three weeks.

The initial symptoms noted were, headache, vertigo, anorexia, a feeling of chilliness, vomiting, looseness of the bowels, constipation, abdominal pains and epistaxis.

Temperature presents the following peculiarities: During the first week in the majority of cases it was in a marked degree remittent, a fall of from two to four degrees being recorded in the morning. During the third week these extreme ranges ended, either gradually subsiding or abruptly ceasing, so that at the end of the twenty-first

day the temperature was not higher than 99 degrees. We find the temperature subnormal more frequently in the child than in the adult. The highest point reached was 105 degrees, and the height of the temperature seemed an indication of the length of the fever. The spleen was palpable in 70 cases. Rose spots noted in 55 cases. In 8 cases only was the abdomen distended. In 19 cases sonorous and sibilant rales noted. The pulse in almost all the cases was noted as slow. A mild nocturnal delirium was present in 18 cases. Restlessness in sleep in 15. Drowsiness in 12, and a muttering delirium, with subsultus and picking at the bed clothes in 1.

W. N. M.

LAWS AFFECTING MEDICAL PRACTITIONERS.

Medical journals have of late made forcible comment on the hardships of the laws governing medical practice in the various States requiring licentiates who had complied with the laws of our State to repeat their examination and license fee in another State whose standard of qualifications was practically the same as in the State where licensure was first had. To remedy this evil it has been suggested—and that very properly—that there be established an inter-State reciprocity so that one State might accept the certificate of licensure of another State whose standard of qualification was the same. To this need there has been general assent; and efforts looking to its adoption have received careful consideration. But there is another aspect of this subject which calls for consideration. Dr. A. has been a practitioner of medicine in New York for twenty-five years. He is eminent in the profession and has an established reputation. Dr. B. of New Jersey and Dr. C. of Pennsylvania are equally well known, and their reputation would gain them entree to any medical society in the United States, and to most, if not all, in Great Britain, and yet, if for any reason, Dr. A. desired to remove to Philadelphia or Dr. C. found it to his advantage to take up his residence in New York City, where the medical profession want to extend them a generous welcome, they could not make the change without first submitting to a medical examination as searching as the recent medical student who has just graduated, with the added disadvantage in the technical part of the examination that he has from lack of recent study lost his ability to meet such requirements without months or years of study. Certainly such a state of affairs calls for revision of existing laws, and doubtless cases of this kind will appeal to the law-making powers as worthy of different treatment. Reputable physicians who fifteen or twenty-five years ago complied with the then existing laws—their diplomas giving them authority to practice anywhere in the United States—ought not, by new legislation, to be debarred from all those rights and privileges (save authority to practice in a single State), by a law which in its inception was designed to apply to new graduates and reputed physicians coming from foreign countries, whose home government practi-

cally excluded American physicians from practicing within their borders. The Medical Society of the State of New York was the first to inaugurate the change of licensing of medical students from the teaching faculty of the colleges, to the State Examining Boards, and these boards should be the first to correct this evil.—*New York Lancet*, October, 1900.

SPECIFIC THERAPEUTICS.

Rumex Crispus is a remedy for ulcerative conditions of the mouth, either in infants or adults, which depends upon a blood dyscrasia, usually present where the membranes are very red, and where there is general sluggishness of the system.

Bladder wrack has served us a very excellent purpose in dropsy where the condition depends upon heart faults, with simple or exophthalmic goitre; especially if the patient has reached middle life. In older patients suffering from excess of fat, especially those of lymphatic temperament with tendency to fatty degeneration of the heart, this agent is specific.

Ammonium chloride is a specific remedy for neuralgias of a congestive or a distinctly malarial type. This influence has been observed by many writers. While some authors give it in small doses—from three to eight grains in conjunction with belladonna, and get excellent results—others claim equally good results from this remedy alone if given in doses from ten to thirty grains.

Ginger is a remedy commonly overlooked when a stimulant is needed. It is more popular in domestic practice than with the profession. Its stimulating influence is immediate and greater even than alcohol. It has pain relieving properties which are difficult to explain. Whenever there is sudden reduction of the temperature with coldness of the skin or extremities or chilliness, all accompanying some severe local pain, this agent is specific.

Belladonna or atropine has a peculiar effect in drying up secretion. They may be given for this effect in any case where there is great excess of secretion, such as the pouring out of an acid fluid from the stomach in great excess, or large watery diarrhoeas or excessive bronchial or nasal discharges, as is well known in night sweats. These, however, are only side influences, although very important, depending upon the physiological influence of the drug.

The indications for nitric acid are exceedingly plain, and sometimes a long train of symptoms will disappear when this agent is given according to its symptomatology. The tongue and mucous membranes are of a violet color, sometimes carmine or clear red. The membrane is apparently transparent, though its color is plainly seen. The membranes are dry from the deficiency of the secretion. There is general inactivity of the intestinal glands and unusual lack of tone with a tendency to diarrhoea.

We have frequently given the symptomatology of turpentine; we give it again because it is generally overlooked and exceedingly important in some very common disorders. First, in excessive secretion of mucus, catarrhal discharges from whatever cause, especially if there be relaxed, enfeebled, atonic mucous membranes. It may be given with perfect confidence in all cases with these phenomena. Second, in gastric or intestinal inflammations, or in persistent fevers with dry, red, glazed tongue, dry mucous membranes, tympanites, with suppression of the secretions of all the gastric and intestinal glands.

It is also indicated by a steady distress or dull grinding pain in the abdomen, a sensation of hardness across the abdomen, with tendency to constipation, with general inactivity of the entire glandular structure of the gastro-intestinal tract.

The specific indications for *crætgus oxyacantha* have not yet been very clearly determined. They would seem to be heart feebleness, with considerable functional disorder showing itself by angina, dyspnoea, palpitation with great weakness, intermittent pulse with deficiency of arterial tonus, especially if dropsy be present. These symptoms do not cover its entire field of action, as they are present usually in the heart disease of advanced life; while we have cured irregular heart action and pain in the heart with dyspnoea in hysterical young ladies, with this agent.

The external application of mustard is demanded where there is severe acute local pain, usually with coldness of the surface above it. It should be applied in these cases to obtain its immediate full physiological effect. It should induce redness with an intense burning sensation from four to eight minutes after its application, when it should be removed. Mustard mixed with flour and applied for a slow effect has no influence on acute pain. It has some beneficial effect on old standing inflammations. Soreness with dull and steady pain, slowly developing and persistent, is not greatly benefited by the application of mustard.

The tingling sensation that occurs in the limbs after sleeping, more or less habitual with some parties, may be relieved by three-grain doses of the iodide of ammonium given three or four times a day.—*Chicago Med. Times.*

The Effect of Different Anesthetics upon the Kidneys.

Drs. W.H. Thomson and Robert C. Kemp conclude, from laboratory experimentation, that ether appears to produce a special contraction of the renal arterioles, with a consequent damaging effect upon the renal secretory cells, so that the kidney shrinks in bulk, secretion is diminished, albuminuria supervenes, and finally there is suppression. This change in the condition of the kidney is not due to any change in the general arterial circulation. The effect of chloro-

form upon the kidney is nil. The secretion of urine continues up to the last moment of life, and the albuminuria is so slight that its presence is apparently due only to respiratory interference. The alcohol-chloroform-ether mixture shows the special effects, both of ether on the kidneys and of chloroform upon the heart, according to the mode of administration. If a large percentage of air be simultaneously inhaled, the effect is that of chloroform, cardiac depression without the effect of ether upon the kidneys. If the mixture is used as ether is generally administered, we have both the cardiac depression of chloroform and the renal derangement of ether combined. These objections seem to be still more applicable to Schleich's anesthetic, for both these disadvantages are present to a greater degree than with the first named mixture.

The practical conclusions are: 1. That ether is contraindicated as an anesthetic when renal disease is present, and particularly when, with albuminuria, there is a tendency to pulmonary oedema. 2. Chloroform is directly depressing to the heart, but does not affect the kidneys. 3. There is no advantage in the A-C-E mixture, but rather the reverse. 4. As for the Schleich's mixture, there is a physical reason for doubting the manageability of mixed anesthetics, due to the fact that if two agents of different maximum points of evaporation be mixed together, the more volatile of them will increase the evaporation of the other, by carrying off more of the less volatile one, than if the latter were vaporized by itself. That similar mixtures have been used in cases without dangerous effects is no evidence that they are safe. The claim of Schleich that mixtures of different anesthetics of different volumes, i, e., different maximum evaporation points, are safer than the administration of these anesthetics alone, is based upon the assumption that the absorption of an anesthetic as to quantity, depends upon its boiling point; the more volatile, the less is absorbed into the blood in a given time. Since these mixtures do not result in a new chemical homogeneous substance of definite chemical proportions, the exact amount of each ingredient absorbed cannot be determined.

The observation of a considerable number of instances of the use of the Schleich mixtures in the hands of those advocating their use, demonstrated to us that these, like all other mixtures, present all the disadvantages, without the advantages of the individual contained substance.—*Med. Record*.

W. N. M.

Treatment of Chronic Constipation in Childhood.

H. Doerfler (*Munchener, Medicinische Wochenschrift*), speaks very highly of the treatment of this often perplexing condition by the administration of butter. This should be perfectly fresh and of the best quality, and should be given pure without any vehicle. During the first month of life constipation is quite unusual, and may be controlled by enemata. In the second and third month one-half to one

coffeespoonful of butter may be given daily, morning and evening, until the stools are normal, then every second day. In the third and fourth months two or three coffeespoonfuls daily may be given, with a decrease in dosage after the stools have become normal. From five to six months to a year, one to three teaspoonfuls may be given every two or three days.

W. N. M.

An Aversion to Science.

The person with a microscope, he's always hanging 'round,
And scaring everybody with his visions so profound.
If I had paid attention to the various things he said,
I'd surely be so frightened that I might as well be dead.
There isn't any limit to the deadly germs he'll spy
Whene'er he takes his lenses out and winks the other eye.
I might face the jungle tiger and imagine it was fun,
But this microscopic terror truly has me on the run.
He writes about bacilli who your tissues will explore,
Of the marching microbe millions who are searching for your gore;
He tells of the persistence of these ministers of death,
Till you nearly have a spasm every time you draw a breath.
He even gets up pictures of the surreptitious germ,
Who is solely in existence to cut short your earthly term.
And life is strangely bitter and devoid of any hope,
All owing to this croaker with his maddening microscope.

—Washington Star,

Medical Items.

AN EARLY SIGN OF TUBERCULOSIS is said to be a widely dilated state of both pupils.

CARCINOMA is reported as being found more frequently early in life than formerly. Bierring found eight cases in patients ranging from twenty-three to thirty-five years of age.

COLIC IN INFANTS may be frequently overcome by feeding with dextrinized gruel, which is made by taking a tablespoonful of rice to a quart of water, boiling it for some time, straining it through a cloth, and adding some diastasic agent to it, such as the diastasic essence of pancreas. This is fed to the child before it is put to the breast, in order to inhibit the gas production in the intestines.

DRESSINGS.—A dry dressing is superior to a wet one in incised wounds. In contused and lacerated wounds a wet dressing should be employed for a week or two, followed by a dry one. In carbuncles, boils, and infected wounds a wet dressing is indicated. When pus has burrowed and sinuses exist, packing and a dry dressing is preferable. In deep punctured wounds with a small orifice, a wet dressing is best. In all wounds of the scalp, whether infected or not, we should use a dry dressing.—*Skillern, Phil. Med. Jour.*

GALVANISM may be successfully used in the treatment of boils, the negative pole being placed upon the surface of the boil and the positive pole near by. Two to five milliamperes should be given from five

to ten minutes, daily. No more current than can be tolerated easily by the patient should be given.

MATRICARIA is a good remedy where there seems to be an abnormal sensitiveness to pain. It is much like chamomilla and will sometimes cure when cham. seems indicated, but fails to act.

LOBELIA, fifteen drops of the fluid extract dropped in the urethra of a man having stricture and retained there for a few minutes, will in many cases permit the sound to be passed easily where before it could not be done except with difficulty, if at all.

MUSIC THE CURE.—Many children suffer from "night-terrors," generally the result of overfeeding. Although the proper treatment is the correction of the diet, it is safe that a prescription of music in the sleeping room will cause the digestive act to be completed, and that otherwise intractable cases have been cured in this way. The music-box is a favorite manner of applying the cure.—*N. A. Jour. of Homeopathy.*

THE NUMBER OF VISITS.—A case recently decided by the Supreme Court of Illinois is of interest to every doctor. The court upholds the validity of a judgment obtained by a physician who brought an action to obtain payment of his bill for professional services. The court held that the physician was not called upon to prove the necessity of making the number of visits for which he charged. The court followed the doctrine of an earlier case in which it was said: "When a physician is called by a person to treat him or his wife, and he takes charge of the case and attends from day to day, evidently, in view of his responsibility for skillful and proper treatment, he must, in the first instance, determine how often he should visit the patient, and so long as the person employing him accepts his services, and does not discharge him, or require him to come less frequently, or fix the times when he wishes him to attend, he cannot afterward be heard to say that the physician came oftener than was necessary. There was no proof that the claimant came when he was forbidden to come, or that he was discharged and continued to attend thereafter."

STROPHANTHUS.—Beware of strophanthus in doses as large as five drops of the tincture in respiratory troubles, renal, hyperæmia, or chronic nephritis. It will stimulate the heart and kidneys, but is followed by a dangerous reaction, requiring to be followed for a long while by phos. strychnia, etc. In respiratory disease such large doses have hastened the catastrophe they sought to avert. Potencies or doses of $\frac{1}{4}$ th drop of the tincture have worked better.

Give strophanthus in small doses (not below 1) in cases of weak heart from tea, tobacco, alcohol, and other stimulants, or rheumatism. Additional indications are sensation of weakness or as if the heart were enlarged—very little pain; scanty urine, often containing albumen or casts; dropsy, especially of the legs; impaired vision; pupils vary; sharp temporal pains; flushed face; may be nausea, vomiting, pulmonary cedema, or even convulsions.—*N. A. Journal Homeopathy.*

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ANOTHER AND YET ANOTHER.

And so the years roll round ; and having made another in our cycle of seventy-five years and over we brace ourselves for the work of another year.

You may have sometime read that "man was made to mourn," and it may be scripture, but scripture or no scripture, it is pure fiction. On the contrary, man was made to work, and in work and in a right life, to find happiness and pleasure.

If one should write it, "man was made to laugh," he would put it truthfully. Man is the only laughing animal known. Why this capacity if he is not made to laugh? The thing is conclusive, and whatsoever our sanctimonious sobersides may say, we will endeavor to get the laugh.

The subject is pertinent, for if there is any one season of the year more than another, in which this purely human faculty is to be exercised, it is from the 20th of December to the 20th of January. The season opens with "Joy to the world, the Lord has come," and according to an old tradition, "even the animals laughed for joy."

As a school of medicine, we should "feel to rejoice." It has been a good year for us, not only in increase of numbers, but in that material prosperity which enables one to enjoy holidays. A practice of medicine that gives small doses of pleasant medicine for direct effect, and cures its patients, must succeed. It will get the better class of patients, those who give character to the community and can also pay the physician.

The old fashioned drugging most certainly looked towards the orthodox saying that "man was made to mourn." Possibly this is why it was called the orthodox practice. Come, sing to me of calomel and jalap (or podophyllin straight) to wring my bowels ; of tartar emetic (or lobelia and sanguinaria) to wrench my stomach ; of diaphoretic, diuretic, and alterative, *ad nauseum* ; of quinine to wring my ears, ache my head, and put my nerves on stretch ; of morphine to take what little sense I have ; of mustard plasters, blisters, and suppurative counter-irritants. Is there anything of Thanksgiving, of Christ-

mas, of New Years in this? Is there anything in this to excite laughter? No; unless possibly it be that "risus sardonicus," or a resemblance to the laughing hyena.

Give us the new, the better way, where good hygiene, good nursing, good food, and the right remedy fitting the needs of the patient, make sickness tolerable. Of course good health is that which gives a benison to the Christmas holidays, and good health is the right object of the practice of medicine. In so far as the physician can influence right living and prevent disease, he is doing good, and in so far as he can rectify the wrongs of life, and bring health to the sufferer, he is doing good. Thinking of him in this way, the doctor might be regarded as much a part of Christmas as the turkey. Why not think of him as an appetizer, and a good thing to have in the family?

One of the promises for that better land—a continuous Christmas—is that there shall be no sickness there. Fortunately for us it does not say there shall be no doctors there, though possibly some have suggested that they will not be needed.

But moralizing further is useless, when what we have to say to each of our readers is "A merry Christmas, a happy New Year, and many returns of the same."

WHAT OF 1901?

The readers of the JOURNAL begin, with this month, not only a new year, but a new century; and as we stand on the threshold of the new, it may be profitable to take a retrospect, before looking into the unknown, upon which we are entering. Some of the most brilliant, far-reaching, and beneficial discoveries in medicine have been recorded during this time; and though the opening of the century found the practice of medicine in a chaotic condition, the close of it is resplendent with her achievements. In the beginning, harsh and unpleasant medication held full sway. The lancet and mercury were the Samsons that slew not only disease but precious lives as well. Homeopathy was just beginning to attract attention, while Eclecticism was in embryo. The people were turning from the old and ready for anything that promised relief. It was found in the new schools.

To trace the history of Eclecticism during its first 75 years would be impossible in an article of this kind. Suffice it to say, that the principle of the new school, "sustain the vital force," has proved a solid foundation upon which to rear a successful superstructure. It would be a pleasant task to speak of the labors of such men as Beach, Morrow, Jones, Hill, Scudder, King, Howe, and hundreds of others who studied, wrote, and taught that there was a better way to treat the sick. Surely "they builded better than they knew," and they bequeathed to us the most rational system before the world. The fight the fathers made was long and severe, but they lived to see the lancet laid aside, the large doses of mercury discarded, and the dawn of a

better system of medication. The crude, unpleasant though effective remedies first used have been replaced by elegant concentrated preparations, and in the place of nauseating infusions and decoctions, we have the concentrated specifics. To-day we study specific conditions, rather than specific diseases, and having found the relation existing between a drug and a condition, we have found a specific medication.

The evolution from Wooster Beach to the present has been one continued triumph. Now what of the twentieth century? Where is the prophet that can look into the

“Future far as human eye can see—

See the vision of the world and all the wonders yet to be?”

Fellow workers, there is no time to sit proudly down and enjoy the labors of those who have gone before. Specific medication is yet in its swaddling clothes. There are rich fields yet to develop, great truths yet to discover before the ushering in of that golden age, when medicine shall become an exact science, when disease shall have been routed, and health reign supreme. There is work for every man, and if each of the thousands of Eclectics who are scattered all over the land plans to make the most of his opportunities, the new century will record the greatest achievements since the world began. Brother Eclectic, stand by the principles that have made you successful; don't run after every new fad in medicine. Study carefully the action of remedies, find the relation existing between drug action and diseased condition, then report in some of our journals, that all may profit. Talk eclecticism, write eclecticism, *practice* eclecticism. Pick out the brainiest, best educated young men for students, and send them to an eclectic medical college. You can't learn eclecticism in so-called regular colleges. Join your State and National Associations and be sure and attend them. Come in contact with live, up to date workers; be instant in season and out of season, and the century will be fruitful of large results.

R. L. T.

ENTERIC FEVER.

It is generally admitted, we believe, even by medical opponents, that Eclectic physicians are and always have been unusually successful in the treatment of fevers. This honor was also freely accorded to many botanics with eclectic proclivities. And we believe that we can claim without fear of refutation that if this were true of the oldest Eclectics it is far more true of the modern Eclectic—the specific medicationist.

Through lack of space we cannot here review the treatment of all classes of fevers as pursued by the Eclectic, but will confine our remarks to a few features of this treatment which has won laurels from even our medical antagonists. In the first place the Eclectic recognizes in the typhoid fever patient a sick man, and he takes special precaution that his treatment of the case shall not make the patient

worse. He realizes that the nearer he can bring his treatment to a natural method, that of keeping in touch with the restoration of impaired functions and tissues, the easier it will be for the doctor and the patient. Feeding is an important factor, but in many instances we believe a striving after scientific exactness in this line has misled doctors, and patients have often been deprived of food which was fully as much needed as medicine. While our main food should include plenty of milk, hot or cold, to suit the fancy of the patient, and beef broth, we do not believe that such simple, starchy foods as rice and similar cereals well cooked, often do harm, but more frequently tend to sustain the patient. As a rule, the kind of food should be governed largely by the condition of the bowels, chicken and mutton broth being allowed if there is tendency to constipation, and milk if the tendency is toward diarrhea. If the stomach can stand the action of large doses of hydrochloric acid and other more powerful medicines it certainly does not harm the patient to have frequently small amounts of easily digested food. We are not partial to the artificial foods in this affection.

We prefer the warm sponge bath over other forms of hydrotherapy, believing that it gradually and kindly reduces fever without shock or discomfort to the patient. We admit that undoubtedly mortality has been lessened by the hydropathic method or Brand treatment, but that is a dangerous method to put in the hands of nurses, or even physicians who are not good observers of the patient's varying condition. The warm sponge bath is not open to this objection.

In the use of alcoholics we might say that they are very rarely needed if specific medication methods have been closely followed. However, when the stage of the fever is low, there is constant restlessness, insomnia, and picking at the bedding, then it is demanded in small doses. Too much here is as dangerous as to deprive the patient of it. One drachm every two or three hours of good brandy or whisky will do more good than we have ever seen from two ounces every two hours as we have seen so frequently advised. Though temperate and strongly in favor of the advance of temperance sentiments among doctors, we have no patience with those who would wholly deprive the patient of needed alcoholic medication simply on sentimental grounds. As before stated, very few cases require it, very little of it is needed, and it is almost never required early in the disease.

While the Eclectic is very careful about the foregoing part of the treatment, he is more so, if anything, about the selection and use of medicines. I doubt if the ordinary typhoid fever patient of the Eclectic takes in all his sickness as much medicine as his old school opponent administers in three or four days. Best of all, if he knows his business and follows his teachings, he never prescribes without a distinct symptomatic reason for giving a medicine—he observes specific medication always. Better that the patient should have no medi-

cine than to blindly follow the treatment of some one else, without knowing why the individual steps in that treatment were taken.

In the treatment of this affection I have found the following treatment most effectual:

In the first place, I look to the condition of the stomach, and see to it that, if possible, the patient may be in a condition to receive food and medicine. If the tongue is heavily coated and pallid, and there is a stinking condition, I administer sulphite of sodium and chlorate of potassium. In the meantime, if the temperature is high I order warm sponging of the body three or four times a day. As soon as the bad odor of the breath is overcome, as it usually is with the above treatment, administer small doses of the special sedatives as indicated. Among these I find aconite of less service than others, but occasionally it gives results which no other drug will give. In its administration I follow the well known indications, the "small, frequent pulse and increased temperature." Only in the early stage do I believe it to be of much service. Baptisia I generally give on the appearance of the peculiar symptoms we denominate as typhoid. When the surface is excessively hot and the febrile and nervous action rapid, I generally employ liberal doses of gelsemium. If the pulse is strong, rapid, and bounding—rope like—*veratrum* has not failed to make a good impression. It should not be long administered, however, lest it weaken cardiac power. As a sustaining remedy for the nervous system and one which I believe to possess anti-typhoid virtues, I prescribe *rhustox.* liberally, following the indications, "a sharp stroke of the pulse, a pointed tongue with reddened tip," and more or less nervous erethism. *Capsicum* is my sheet anchor to keep the stomach and bowels free from tympanitic distension, while for the diarrhoea my chief agent is an infusion of *epilobium*, preserved with glycerin.

For the delirium which is often so troublesome, *hyoscyamus* has served better than any other agent, unless it be alcohol, which I give in the low stage as directed above. When sleeplessness persists and the delirium and nervous agitation threaten to exhaust the patient, I have found a single stimulant dose of morphine sulphate to give the desired rest. A narcotic dose must *not* be given. When the stomach is not irritable I prefer to morphine two or three broken doses of diaphoretic powder. In stages of great depression of the nervous system I have had excellent results from small doses of *arnica*, while in the dull condition approaching coma *balladonna* has been fairly successful.

In conjunction with the above treatment I administer occasional ten-drop doses of *echinacea*. This I do, believing that it exerts a beneficial effect in typhoid conditions in general.

The above is only a brief outline of the treatment as pursued in the majority of cases, yet it is a treatment that has been so uniformly satisfactory that I have been content to feel that with these remedies I can have an exceedingly low mortality.

H. W. F.

ARSENAURO.

Arsenauro is a combination of arsenic and gold in solution which has proven of considerable benefit in certain morbid conditions. One of these conditions is chlorosis. This disease usually affects young girls just budding into womanhood, and often proves very stubborn to treatment of any kind ; but the writer has had gratifying results in these cases from the administration of arse-nauro. One case was that of a girl of fifteen years in which the symptoms were well marked and who had been treated by several of my professional brethren as well as myself with negative results. Her parents were quite prominent, both socially and financially, and very much alarmed about the distressing condition of their child. They consulted different physicians frequently ; finally at a general consultation in which several physicians joined it was concluded to try arse-nauro. As the case was, at that time, under my care, I proceeded to give the remedy. The dose was five drops in half a glass of water, three times daily after meals for five days. The amount given was then gradually increased by adding a drop to each dose until ten drops were administered at a dose. The results were all that could have been desired ; the pulse became normal, the nervousness disappeared, the bowels became regular, the ruddy hue of health displaced that greenish bronze, the patient gained in weight, spirits and health, and emaciation gave way to rotundity, also for the first time the menstrual flow made its appearance, and she is now in vigorous health.

Fowler's solution, while the appropriate remedy in some cases, does not at any time give the results obtained from arse-nauro, especially when the prolonged administration of arsenic is indicated. There is never any danger of arsenical poisoning from arse-nauro, while the non-irritating nature and the ready absorption and complete assimilation of this preparation place it among the best of agents we have for those conditions of anemia and general debility attending many constitutional affections.

Arsenauro is a blood maker and reconstructive which will be found of considerable utility in all cases of disturbed metabolism and malnutrition, although, as must be the case, in all slow wasting diseases, its action is not immediate, and the remedy must be persisted in for some time if permanent results are to be obtained. Arse-nauro is a good remedy in convalescence from wasting fevers, or during recovery from acute diseases. In chorea this remedy will be found to meet the indications more readily than arsenic in any other form. A case of chronic chorea extending over a period of two years is now under the writer's care, and the patient, a girl of seventeen, is improving rapidly with arse-nauro. In this case the remedy was at first given in five-drop doses, three times a day. The size of the dose was gradually increased until twenty drops were taken thrice daily, when the point of toleration was reached. This was shown by puffiness under the lids, loose griping evacuations, frontal headache, dizziness, etc. The medicine

was then suspended for three days, when it was resumed, beginning with five drops as before. The patient is now taking twenty-five drops of arsenauro three times a day, and no symptoms of intolerance have yet appeared and the chorea has about disappeared. In a few days the medicine will be gradually withdrawn as the patient recovers.

This preparation has been found of much benefit in the debility and general depression of vitality occurring in the aged. In this class of patients digestive processes are feeble, assimilation is deficient and the circulation weak and inadequate to carry on the processes of life with normal vigor. In such condition arsenauro stimulates cellular action, enlivens the blood by adding hæmoglobin to the red-blood corpuscles, increases the lymph flow, and incites the lymphatics to increased absorption; the digestive processes become more effective, and the patient seems to take on a new lease of life. The dose need not be large, five drops three times a day in half glass of water will be ample. In the anæmia sometimes attendant upon syphilis arsenauro acts well and is tolerated in large doses. The remedy may be persisted in for considerable time in these cases. A patient under the writer's care has taken thirty drops of arsenauro three times a day, daily for three months, with the most gratifying results.

Arsenauro has been highly recommended in the treatment of diabetes mellitus. My experience does not include its use in the trouble except that a patient now taking the remedy is improving, and I hope to be able to make a favorable report later.

L. W.

SPINAL ANESTHESIA.

Considerable interest has centered of late in medullary narcosis, in obstetrics, the object being to overcome the pains of labor by means of intra-spinal injection of cocaine. It is also being used in the surgical clinics of the East, in making amputations of the lower limbs, abdominal sections, as well as various operations below the diaphragm. The use of this means of anesthesia in this country has seemingly thus far been attended with success, judging from the limited reports so far obtainable, painlessness following without unconsciousness, with but little of the unpleasantness thereafter that usually results from chloroform or other narcosis. In obstetrics, contractions continue uninterruptedly, and the after involution is not disturbed. There has not yet been, however, sufficient experience in this manner of inducing insensibility to pain to say it is without danger, nor that serious consequences may not result later on. The point of injection advised is between the fourth and fifth lumbar vertebræ, using from one eighth to one-sixth of a grain, anesthesia following from within three to six minutes. The following appeared in the last number of *Obstetrics* on the subject, being a report from the clinic of Prof. Bumm, of Basle, by Kreis;

"A history is given of six cases in which the anesthesia was successful, although the nervous excitement of the patients was not apparently influenced. Perhaps one-half of all who submit to this exhibition of cocaine suffer from unpleasant collateral or subsequent effects, especially headache, vertigo, and nausea, with or without emesis.

"Kreis exhibited the drug in the manner recommended by Bier and Tuffier, injecting one centigram of cocaine within the membranous sac which invests the cord; the point selected for injection was the space between the fourth and fifth lumbar vertebræ. From five to ten minutes were required for the production of anesthesia, which extended up as high as the costal arch.

"The motility or expulsive force of the uterus was not impaired by the action of the drug. Palpation showed that the pains occurred in normal force and frequency. The sensibility to pain, on the other hand, was completely abolished, the only sensation being one of tension. The patients made no attempts to seize objects for the purpose of bearing down.

"The third stage of labor appeared to be in no wise influenced by the anesthesia. The usual after-pains were present because the effects of the cocaine pass off by the time these sensations are due.

"The effect produced upon the mind of the obstetrician is most novel—painless labor with full retention of consciousness.

"With regard to the future scope of this anesthesia, it will never become universally employed, because, as already stated, the frame of mind of the nervous, excitable, puerpara, based on fear and anticipation rather than pain, is not to be reached in this way. For this class chloroform is probably indicated. Another class of cases in which cocaine would be contra-indicated is represented by patients who depend much during labor on reflex bearing-down and abdominal effort. In this class the cocaine, by arresting the accessory expulsive force through abrogation of the pain which excites it, appears to be a meddlesome resource.

"A theoretical danger, which of course applies to surgery as well as obstetrics, is the possible introduction of germs within the vertebral canal. The strictest asepsis must prevail.

"Kreis concludes by expressing his belief that the most promising field for the new anesthesia is in forceps and version cases as substitute for chloroform."

R. C. W.

SURGICAL MISCELLANY.

Frederic Treves, the London surgeon, in speaking of the surgeon of the 18th century says that he can only view with amazement the scantiness of his learning, and the poverty of his equipment. He knew little more of inflammation than it was represented by swellings, heat, redness and pain. He had no glimmer of the possibilities of asepsis; he had no anæsthetic; no hypodermic syringe; no clinical

thermometer, and no practical investigation in clinical chemistry. The very name bacteriology did not exist, and the microscope as an aid to diagnosis, played no part in the equipment of the surgeon. It would seem indeed, that there was little for him to do but to open abscesses, and sow the seeds of chronic septicæmia to cause tumors of the structure of which he talked much, and knew little; to amputate limbs for diseases he could not mend, and to draw blood whenever doubt existed as to what was best to be done. An assistant surgeon claimed the title on the ground that he had served the apprenticeship to the crutch-maker of a hospital. Those of the medical profession who thank God that they were born and reared under the old banner, are welcome to the eclat and merits which they may derive from such birthright.

* * *

Dr. E. B. Crowell, a prominent physician of Greensburg, Ind., brought a patient to the Betts Street Hospital, suffering from multiple strictures and fistulas. The patient had been in the hands of several physicians before coming into the hands of Dr. Crowell; and all kinds of urethral dilatations had been practiced until there were many false passages into the perinæum. There were two fistulous tracts, allowing urine to drip through the scrotum, two or three on either side in the perinæum, and altogether the patient was in a very bad condition, being well advanced in life, and considerably poisoned by infiltration of urine and sepsis from the fistulous tracts. The patient was taken into the Betts street hospital, and in the general operating room in the presence of a dozen of the Senior students.

Assisted by Dr. Crowell, the patient was operated upon, after complete anæsthesia had been produced. The stricture divulcer of the late Prof. Howe, was forced through the stricture tissue to the perinæum, where the tissues offered resistance, and the urethrotome was used, until we could make intrusion into the bladder. The left lateral lithotomy cut was now made, making a complete drainage of the bladder through this incision, until a recovery is had from the stricture and fistulous tissue. This case is not unlike several others, treated by this manner, and it seems the proper solution of so serious a lesion.

* * *

STERILIZATION OF THE HANDS.—To do an aseptic surgical operation, it is important that the field to be operated upon be rendered thoroughly aseptic, by the free use of soap, the scrubbing brush, the razor, and rinsing with alcohol, after which the parts are covered with a saturated solution with any well known antiseptic, the part to remain covered from the time of sterilization until the moment of the operation, when all dressings are removed, and the parts again thoroughly washed and rinsed with alcohol. The surgeon and all assistants are required to wash their hands exceedingly thoroughly, using the old-fashioned soft soap with warm water and a scrubbing brush, repeating the washing and the scrubbing of the hands until they appear almost par-

boiled. The nails in the meantime are to be closely cut, and the nail-file and pen-knife brought into requisition to scrape and carry away all loose or stained epidermis. After this careful washing, I advise that the hands be immersed in strong salt water for a few moments, and then rinsed in sterile water, and dipped in alcohol. This renders the hands practically aseptic, and if other parts of the operation are correspondingly cleanly, there will never be any danger of sepsis.

* * *

DANGERS IN ANÆSTHESIA.—Since the discovery that the cerebro-spinal fluid can be used as a medium for cocaine or other analgesic drugs introduced in the spinal subarecnoid to effect insensibility of the lower extremities, there is announced the report of two deaths by Tuffir in 100 cases of anæsthesia by this method of subcutaneous injection of hydrochlorate of cocaine. It seems to the writer that this of itself should condemn the much vaunted new method of producing local anæsthesia by invading so important tissue with the hypodermic syringe with this active anæsthetic cocaine. In some cases there has been severe symptoms requiring artificial respiration, and the use of the best methods of resuscitation. It seems that the other anæsthetics, chloroform, ether, etc., will not be displaced by this newer regional anæsthesia.

* * *

FOR BAD BREATH.—R—Asepsin (from oil of wintergreen), sacchari, sodii bicarb., aa. grs. xx; alcohol, ʒij; ess. peppermint, gtt. xx. M. Sig. Teaspoonful in a little hot water with the tooth-brush, and rinse the mouth with warm water, after each meal.

* * *

Peroxide of hydrogen used at full strength on blood spots on shirt fronts or collars and cuffs, will effectually remove them without soiling the place. It will also disorganize the fibrin, and remove the blood stains from woolen goods when applied at full strength and subjected to the scrubbing of the goods with the ordinary flesh brush.

L. E. R.

SPECIFIC MEDICINES.*

I was early convinced that there was a *finer quality* in medicine than we had been taught in our practice, and that it would give better results, and at the same time a pleasant system of medication. It was the study of this that gave *specific medication*. It did not deny that good might come from the use of gross, potent doses; or that good might come from the use of the potencies of the infinitesimals of the homeopathic practice. One would be worse than a fool to deny either with so many thousands of well educated men practicing successfully with both. But here, as elsewhere, there are other thousands that prefer the *happy mean*, and choose "specific medication."

* From editorial by John M. Scudder, M. D., in 1890.

But, as I have said before, we can not have it without good medicine—without medicines of definite quality and strength—and certainly not without *the* medical properties the good Lord has put in plants. Any one who has ordinary intelligence, common honesty (not trade honesty), and the love of doing things well, can prepare good medicines. It makes no difference what he calls them, but I prefer the simple official names, aconite, belladonna, phytolacca, etc., and I want but one preparation—a tincture.

As to price, I hold that "the laborer is worthy of his hire"—a good thing is worth more than a poor thing. But as to cost, I have had it remarked to me so often—"Doctor, with the new medication, my drug bills are not half or a quarter what they were, though I do a larger business"—that I believe in the matter of price it is all in favor of the new.

THE ANNUAL.

Last Spring we undertook the publication of the Annual of Eclectic Medicine and Surgery. Volume VIII, embracing the years 1897 and 1898, was issued in May. It contains 558 pages. The former volumes were issued at \$3.20 plus postage, but we believe it is more to the interest of our Society work to have a large number of subscribers at a lesser subscription price, and consequently the subscription price has been reduced to \$2.00.

This work was not undertaken with a view of profit to ourselves, but to further the cause of Eclecticism and to bring before our people the latest and best thought and action of the foremost writers in our school. It is an undertaking in which every member of our profession is directly concerned, as it not only gives valuable information, but fortifies him with arguments concerning the work Eclectics are doing.

We must secure about 500 additional subscriptions to justify us in proceeding with Volume IX. We are willing to send a copy of Volume VIII by mail on ten days approval to any of our subscribers.

CLUB RATES FOR 1901.

In response to a demand from many of our subscribers, we have decided to renew our old offer as follows:

When accompanied by a year's subscription to the ECLECTIC MEDICAL JOURNAL, all back subscriptions being paid, we will send any or all of the following Eclectic Journals at the rates indicated.

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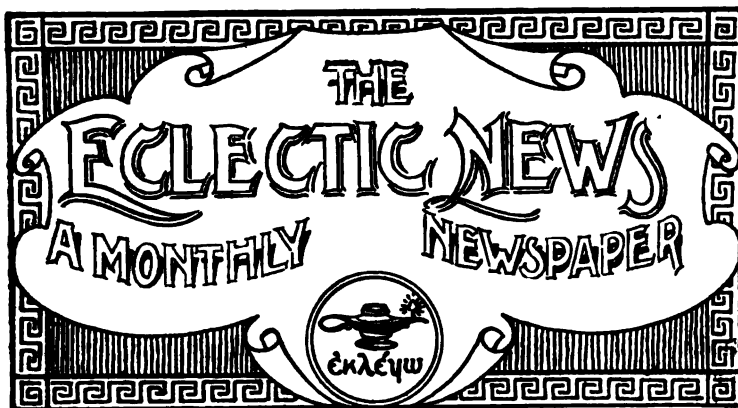
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No. 1.

BOOK NOTICES.

MANUAL OF THE DISEASES OF THE EYE, for Students and Practitioners, with 243 illustrations, including 12 colored figures. By Charles H. May, M. D. William Wood & Co., Publishers, New York. Cloth \$2.00.

The object of the author of this work is to give a concise description of the diseases of the eye for the student and general practitioner. Theoretical matters are not touched upon, the writer having endeavored to confine himself to such descriptions as will make a diagnosis easy for the inexperienced in this line of work.

The rare forms of disease are mentioned, but no extended space is allotted them. It is a question whether in some cases a more explicit description of some of the common diseases, those which the general practitioner is liable to come in contact with, would not have been a benefit to the reader. As in purulent conjunctivitis, although many of the complications are mentioned, and would be fully understood by the specialist, to one not accustomed to this class of work, it would hardly seem explicit enough to prevent some of the more dangerous conditions which might arise.

The description of operative measures embraces, as a rule, the ones most generally employed and which are also the most satisfactory.

The quite general use of italics, although intended to emphasize certain conditions, is likely to confuse, as the force of the italics is lost. It is better probably in the majority of cases to only emphasize the more important points. However, the book is one that for a handy pocket edition will undoubtedly have quite a sale, and as the author states, it is intended as an introductory volume to a more extended study.

The press work is all that one would expect from the firm who have gotten out the work.

K. O. F

TEXT BOOK OF HISTOLOGY, including Microscopic Technique. By A. A. Bohm, M. D., of Munich, edited with additions by G. Carl Huber, M. D. 351 illustrations, 8vo, 551 pages. Cloth, \$3.50 net. W. B. Saunders & Co., Philadelphia.

This is the best and most complete histological text book I have seen. It is a classical work and is thoroughly up to date. It takes the fresh specimen, tells where and how best obtained; how to preserve and harden, imbedding and cutting, staining and mounting, and a very thorough description of the various tissues and organs of the body. It contains a full technique, giving the various formulæ and methods. It is well indexed—gives reference to sources from which book has been compiled. The illustrations are numerous and good, and illustrate the subjects nicely. It is the best book for a student's work that I have seen. I cannot recommend it too highly. For practitioners or specialists on any subject it is useful, as it describes every tissue in the body thoroughly.

G. W. B.

BALLINGER & WIPPERN ON THE EYE, EAR, NOSE AND THROAT. 12 mo. 525 pages, with 150 engravings and 6 full-page colored plates. Cloth, \$2 00, net; Lea Brothers & Co., Publishers, Philadelphia.

This work is one of Lea's series of Pocket Text-books. The intention of the authors is to cover the field in a condensed and concise form, giving the principal diseases, their treatment, and the most generally accepted operative measures employed in these cases. But little attention is paid to the various theories regarding diseases. Attention being paid more to the clinical condition in order that a differential diagnosis can be made.

The treatment is largely local, but little attention being paid to constitutional measures. However, this is a criticism that will apply to nearly all works of this character.

The authors have leaned to the side of conservatism in operative work and this is a good feature, as many of the operations are not so simple as one would be led to suppose in perusing authors, and the novice will be at times led to attempt operative measures which he is not capable of performing satisfactorily to himself or the patient. The work is gotten out in a neat form, and the general appearance of the book conforms to the standard of the publishers.

K. O. F.

PRACTICE OF MEDICINE. By James M. Anders, M. D. Fourth edition, 8vo, 1292 pages, cloth \$5.50. W. B. Saunders & Co., Philadelphia.

This fourth edition, following so soon after the third edition, makes a thorough review unnecessary. The subject matter has been rearranged for greater convenience and some changes made in the text. The work has the latest discoveries in medicine and is up to date in all particulars, making it one of the most popular works on medicine to date. Every physician should have it.

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EDITORIAL FROM E. M. JOURNAL.

SEXUAL DEBILITY IN MAN. By F. R. Sturgis, M. D. E. B. Treat & Co., New York. 480 pages, cloth, \$3.00 net.

Sexual debility as influencing both mental and physical conditions has long received more or less attention from the medical fraternity, but until recently little analytical attention has been given it.

The work of this author shows an earnest desire to eliminate the time-honored and fallacious opinions which have been held from very early times regarding sexual disorders.

The actual experience of the writer, given without bias, and the careful analysis of so-called authority, is refreshing.

The subject of masturbation is so explicitly dissected as to cause even a careless reader to reason on the subject. Time-honored explanations are shown to be erroneous in many instances. It is a question, however, whether some of the author's conclusions will not need revision, as for instance, in speaking of one case the author apparently gives a broad rule which it is doubtful will hold. "His face was slightly asymmetrical. He possessed the faculty of moving his ears and scalp, which is an indication of degeneration."

A symmetrical face and head is an almost unknown quantity, as is readily demonstrated. Whether the ability to move the ears and scalp is an indication of degeneracy or of reversion of the physical type is an open question. The reviewer is personally acquainted with many persons who have the ability to move the ears and scalp at will, and there is in the most of them a high endowment of the mental and moral characteristics, without sexual perversion or degeneration.

The importance of this study cannot be overestimated, and the author is to be congratulated upon his clear presentation of the subject. The work should be in the library of every progressive physician, and carefully studied, as the influence of morbid conditions of the sexual organs affect not only the physical welfare, but the mental as well, of the sufferer.

The press work is such as is familiar in all the publications of this well known house,

K. O. F.

ANOMALIES OF REFRACTION and of the Muscles of the Eye. By Flavel B. Tiffany, A. M., M. D.

The fact that this book has gone through four editions since its first issue in 1894, would indicate that among refractionists a work of this character is demanded. The work is concisely written, and the descriptions of the different methods of determining errors of refraction are quite explicit. Nearly all mechanical appliances for aiding and determining the refraction of the eye are explained fully enough to give one a fair idea of their workings.

As an elementary work on the subject, it is comprehensive enough to suit the majority of readers, and will make a good introduction to a more extended study of the subject. The chapter on insufficiency

of the ocular muscles is concisely written, and the methods of determining this condition are all that are required.

Considerable attention is paid to the adjustment of frames, which too often is overlooked in works of this character, this part alone being well worthy of close study.

For the purpose for which the book is written, it well meets the requirements.

K. O. F.

AN AMERICAN TEXT BOOK OF PHYSIOLOGY. Edited by Wm. Howell, M. D. Vol. 1. 2d edition rev. It treats of the circulation of the blood, chemistry of the body, secretion, digestion, nutrition; respiration and animal chemistry of the body. W. B. Saunders & Co., Philadelphia. Cloth \$3.00 net. 8 vo. page 598.

This excellent work was first issued in one volume and immediately became very popular as a text book on the subject of physiology, the only objection being its bulk; to overcome this slight inconvenience the present edition has been divided into two volumes. Several commendable changes in arrangement of subjects have been made and some new subject matter introduced to include the latest discoveries in physiology. This work has been written for American readers by American authors and is the best work of its kind on the subject of physiology.

L. W.

PHOTOGRAPHING A GRIZZLY AT CLOSE QUARTERS.

I said to my cowboy friend, "Do you know this Bear?"

He replied, "Wall! I reckon I do. That's the ole Grizzly. He's the biggest bar in the Park. He generally minds his own business, but he ain't scared o' nothin'; and to-day ye see he's been scrapping, so he's liable to be ugly."

"I would like to take his picture," said I. And if you will help me I am willing to take some chances on it."

"All right," said he, with a grin. "I'll stand by on the horse, an' if he charges you I'll charge him and I kin knock him down once, but I can't do it twice. You better have your tree picked out."

The Grizzly came on and I snapped him at forty yards, then again at twenty yards, an still he came quietly toward me. I sat down on the garbage and made ready—eighteen yards—sixteen yards—twelve yards—eight yards and still he came—while the pitch of Johnny's protests kept rising proportionately. Finally at five yards he stopped, and swung his huge bearded head to one side to see what was making that aggravating row in the tree top, giving me a profile view, and I snapped the camera. At the click he turned on me with a thunderous G-R-O-W-L and I sat still and trembling, wondering if my last moment had come. For a second he glared at me and I could note the little green electric lamp in each of his eyes. Then he slowly turned and picked up a large tomato-can.

"Goodness," I thought, "is he going to throw that at me?" But he deliberately licked it out, dropped it and took another, paying

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henceforth no heed whatever either to me or to Johnny, evidently considering us equally beneath his notice.—From "Johnny Bear," by Ernest Seton-Thompson in the Christmas *Scribner's*

THE DECEMBER CENTURY.—The Christmas (December) *Century* is resplendent in an appropriate colored cover designed by Harter, and the frontispiece is one of a group of full page and minor decorations, richly printed in color and tints, illustrating the great ode "On the Morning of Christ's Nativity," which is reprinted from Masson's edition of Milton's poems. Special attention has been paid to color printing in *The Century* of late years, but it is believed that nothing else that has been done in the magazine quite equals in richness of effect the results that have been attained in this number. Most noteworthy among the other contents is the opening instalment of Augustine Birrell's "Down the Rhine," written in the distinctly humorous style of the author's "Obiter Dicta," and lavishly illustrated by Castaigne. An essay by Charles Dudley Warner on "The Pursuit of Happiness" has a timely interest as probably one of the latest things ever produced by the genial satirist who passed away last month. In the whole range of fiction it would be difficult to find two stories more strikingly contrasted in scene and character than Miss Bertha Runkle's "Helmet of Navarre" and Hamlin Garland's "Her Mountain Lover," which are running side by side in the same magazine.

Not in years has a stronger, grimmer, more vital tale of the sea been written than "The Bluffing of Johnny Crapaud," by Patrick Vaux. It is in the Christmas "New Lippincott," which appears November 21. The sea fight between a British torpedo boat and a French war ship takes place on a Christmas night anywhere in the future. The reader is hurled into the wicked sea and belching fire, and in spite of himself becomes a part of the glorious fight.

READING NOTICES.

Dr. A. J. Crance, E. M. I., '81, who has been practicing medicine at Ross, Ky., has moved to California, and is now located at 175 S. Pasadena Ave. Pasadena, Cali.

The Georgia College. We are glad to note that the Georgia college has entered on its second year of the four years course with a larger class than usual. In October the students organized a Specific Medical Society of the Georgia College of Eclectic Medicine & Surgery. The following are the officers. Pres. J. P. Harvill, 1st Vice-Pres. H. A. Johnson, Rec. Secy. G. A. Doss, Asst. Rec. Sec. W. H. Quillian, Treas. Mrs. L. A. Collins.

At the first meeting C. D. Hudson of Texas read a very interesting and instructive paper on Specific Medication—What is it?

WORTHY AND SEASONABLE.—When the temperature of the body is above normal, conditions are especially favorable for germ development. It is a matter of every day observation that a simple laxative is often sufficient to relieve the most threatening situation and prevent the most serious complications. To reduce fever, quiet pain, and at the same time administer a gentle laxative and strong tonic is to accomplish a great deal with a single tablet. We refer to Laxative Antikamnia and Quinine Tablets (a tonic laxative, analgesic and antipyretic) each tablet containing: Cascarin $\frac{1}{2}$ gr., aloin 1-32 gr. ex. bal-ladonna 1 32 gr., podophyllin 1-32 gr., quin. bisulph. $1\frac{1}{2}$ gr., anti-kamnia 3 gr.

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I will now give you my method of treatment of typhoid fever: 1. As a sedative, Salo Sedatus. 2. Something to open the bowels and act on the liver, leptandrin in eight grain doses until the bowels act freely 3. An intestinal antiseptic, sulpho-carbolute of zinc triturated with bismuth subnitrate. 4. To control hemorrhage, use F. E. hamamelis.

As for hematuria, I have no use for any other remedy if Salo Sedatus is used from the first. Very truly yours,

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A preparation which has no value as a curative agent likewise has no sale: as a consequence it is not substituted. On the other hand as soon as any article through merit finds favor with the medical profession a host imitators immediately spring up with the hope of securing business on the reputation made by the original preparation. At this time we wish to caution our readers that in prescribing Uterine Wafers, Micajah's, the original be specified. Dont simply specify

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I am pleased to write that my experience with Pil. Quin. Dad has been most satisfactory in all cases in which I have had use for this drug.—J. H. Thomas, M. D. Wyoming, Del.

DIABETES MELLITUS.—Several months since I made use of blood treatment, though rather tardily, upon a patient of mine aged 83, who is a sufferer from Diabetes Mellitus. He is a patient of State I. O. O. F. Home, where I am House Physician. I tried several beef preparations, also malted milk, without success, and had about given up all hope of affording the patient relief, when as a last resort, I persuaded him to try bovine, and to my delight, its effects were something marvellous. I have had him use several bottles, and now for the past month he is able to be up and about. Whenever any distress arises in the stomach, he resorts to bovine with most gratifying effect. I most heartily endorse bovine as the ideal preparation for weakened and diseased stomachs. D. W. Showalter, Springfield, Ohio.

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MANAGING EDITOR.
Assisted by the Faculty of the Eclectic Medical Institute

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ORIGINAL COMMUNICATIONS.

CRATÆGUS OXYACANTHA.

By J. C. Andrews, M. D., Edgewood, Cal.

MRS. F., when a child about seven years of age, had an attack of rheumatism, which left her with an affection of the valves of the heart, causing a dropsical effusion of the extremities, for which the writer was invited to prescribe, some 16 years since, 1884. Under the administration of specific cactus grand. and apocynum, she was, in two or three months, quite relieved, became healthy and stout.

Some thirteen years subsequently, she married and 18 months there after was confined, forceps delivery, which developed the latent heart affection, so much so that the patient four weeks before parturition, could rest only in some prone position, with hemorrhagic exudation from the lungs, respiration somewhat hurried, restless, supervened by quite a severe attack of jaundice, complicating matters; which was already serious, but under the administration of specific cactus grand, alternated with chionanthus Vir. hydrastis and good care in nursing, she was to an extent relieved.

Just at this juncture the E. M. Journal issue of March, 1898, came to my desk in which was an article on cratægus ox. extolling its virtues in the treatment of the various affections of the heart, including organic disease. Having the above case in my house, I at once wrote Prof. John Uri Lloyd for four ounces to test it; he, as is his custom, responded at once, and in ten days I had the medicine with full directions for use; was administered accordingly, which was followed by complete relief in a short time of the trouble in the heart, got well, and has so remained ever since, now almost three years and as we believe, saving her life to her husband and child.

Mr. J. L. M.—aged 70 years, had been a hard drinker and an inveterate user of tobacco, summoned me to see him some eight miles in the country; found him suffering from a grave condition of dropsical effusion of the lower extremities, together with the scrotum and prepuce, which, as he said, was a sequel of an attack of la grippe he had last summer; but in fact was the result of valvular insufficiency of the heart. Symptoms, mind wandering, loquacious in the extreme, picking, and reaching at imaginary objects, his lower limbs being enormously distended, pitting on pressure, pulse feeble and irregular. Completing my examination, I informed my patient he had but a short time to live; but in hopes to render him some relief, I prescribed *sp. cratægus ox*, in five-drop doses every three hours in water, alternated with *apocynum can.* $\mathfrak{z}\text{ij}$, water $\mathfrak{z}\text{iv}$. M. S. Teaspoonful every three hours. And strange to record, he was so much relieved in a few days as to be able to walk about; kidneys acting freely, respiration improved, some appetite, but succumbed to the inevitable within a week. The party who took care of him said he believed if I could have seen him more frequently the relief might have been more lasting.

Mrs. B., a patient sufferer for long years from *angina pectoris*, many times during the attack would become cyanotic, being unable to do anything for days at a time, informed me that she had experienced more relief from my medicine than any other she ever had taken. I gave her the *sp. cratægus*.

Mrs. R., a large and well developed, apparently healthy woman, aged 50 years, invited the writer to see her at the house of a neighbor one evening, having been quite an invalid for years, without obtaining the coveted relief sought at the hands of many physicians, for the relief of spells she had of not being able to be on her feet for days at a time—sighing respiration. I found her with flushed face, pain in the head, feeble and irregular action of the heart, intermittent pulse, and a poor and ever increasing deficient memory. I also learned that there was something wrong with the bladder. On further examination I ascertained that in some one of her ten parturitions she had sustained a severe and extensive laceration of the perineum, with a prolapsus of the bladder, which to my mind was the principal source of trouble, from reflex action, and so informed her; also that, in my opinion, she would obtain no permanent relief until the old laceration was repaired, pending which I prescribed as follows: R—*Specific gelsemium*, gtt. xx ; *cactus*, gtt. xx ; *pulsatilla*, gtt. xv ; water, $\mathfrak{z}\text{iv}$. M. S. Teaspoonful every hour to two hours when awake, followed in a day or two by: R—*Sp. cactus*, $\mathfrak{z}\text{j}$; *sp. cratægus*, $\mathfrak{z}\text{ss}$; water, $\mathfrak{z}\text{vii}\mathfrak{j}$. M. Sig. Teaspoonful every two hours when awake. After taking two bottles of the latter, an attack of jaundice supervened, but under the action of *specific chionanthus* $\mathfrak{z}\text{j}$, water $\mathfrak{z}\text{vij}$, teaspoonful every two to four hours, alternated with the first, it is being rapidly removed, and the patient's improvement in every way, under the circumstances, is all that could be desired.

THE EARLIER PERIOD OF ECLECTIC MEDICINE.*

By Alexander Wilder, M. D., Newark, N. J.

THE historian, Thukydides, writes significantly concerning the exploits of the archaic Greeks: "It is impossible to speak with certainty of that which is so remote; but from all that we can really investigate, I should say that they were no very great things!"

There are many who, in language quite similar to this, are eager to dispose of the beginnings of American Reformed Medicine. Partisan reasoners and superficial thinkers are generally apt to adopt the action which soonest puts an end to inquiry. Whether it is just to do this they regard as a matter of comparative indifference. If an opprobrious epithet can be made to answer such a purpose, it will be used in such a case, however calumnious. * * * *

The beginnings of Reformed Medicine have been obscure, and in important respects without a chronicler. During the Colonial period in this country, the professions, except the clerical, were held in but moderate esteem. Much of the medicining was in the hands of sagacious women, and of men having a taste for the work. Here and there were men who enjoyed a reputation for successful treatment of the sick; and such men as Sweet, of Rhode Island, and Kittredge, of New Hampshire, won distinction for dexterity in operative surgery.

* * * * Botanic medication was held in high esteem by the common people in the English colonies all through the eighteenth century. There were practitioners here and there, and the aboriginal inhabitants made known procedures in use among them. Lobelia, the vapor bath, avena, unicorn, cohosh, valerian, mayflower, skullcap, and wintergreen were well known. When Samuel Thomson first attempted to study medicine, Dr. Fuller, a botanic physician, was unwilling to receive him because of his defective schooling. He, however, set up a practice on his own account in 1805, and continued it until his death, a period of about forty years.

It is necessary only to mention here that his school, first known as the Thomsonian Botanic, presently departed from his requirements, and adopted many views to which he was opposed. Such, however, is the history of every enterprise. When a generation passes, those who succeed go into new paths. It is true with every religious faith, every political party, every school of philosophy. The followers of Thomson have lost sight of him. The school which he founded has adopted various titles, such as "Physiopathic," "Physio Medical," and for a time that of "Reform." The testimony must be given unqualifiedly in its behoof, that in the first invasion of Asiatic cholera in 1832, when the common physicians failed utterly in treating it, Thomson and his disciples were successful to an unprecedented degree.

It will not be amiss to point out, as has formerly been done, an

* Reprinted from the Annual of Eclectic Medicine and Surgery, Vol. 8.

erroneous and most preposterous statement put forth by Dr. Eccles in Appleton's Cyclopaedia, and repeated in the Encyclopedia Americana. It attributes the origin of the modern Eclectic school to Dr. Benjamin Thompson, of Concord, New Hampshire. There was such a man, the friend of the celebrated Senator Isaac Hill. But Samuel Thomson was in the field many years before, and Benjamin Thompson, though his disciple, was in no wise akin to him, as the different spelling of their names would suggest.

It should likewise be borne in mind that a distinction has always existed between the "Reform" school, which originated with Samuel Thomson, and the "American Reformed Practice," which *did not*. There has been at times an intermingling, and even a complete union of societies; but for all that the two schools were never identical, nor was either the offshoot of the other. "Our system originated even before Thomson was known," says Dr. Thomas V. Morrow; "and during its progress it was gradually improved and developed without the least reference to his system, and for the most part without even the knowledge that such a system as the Thomsonian, or such a being as Samuel Thomson, was in existence."

To the Reformed Practice of Medicine there have been many beginnings. To every river there are numerous sources. As early as 1650, Nicholas Culpepper published a treatise on the medicinal plants that were indigenous in England. Culpepper was an alchemist or mystic, well versed in astrology, which was then taught in the schools as a branch of medical knowledge. He was familiar with the works of John Heydon, Elias Ashmole, Robert Fludd, and Thomas Vaughan. His treatise was several times reprinted, and became the text book of a respectable class of Botanic practitioners. His descriptions, outside of the astrologic features, are so plain that any person of common intelligence can employ the remedies with reasonable assurance of satisfactory results.

Dr. Thornton, of London, was a physician of this class, and practiced medicine for many years. One of his students, Dr. John B. Howell, emigrated to America in 1793, and made his home in Philadelphia. At that time the State of Pennsylvania had no statute to regulate or restrict medical practice; and indeed her governor, many years later, withheld his sanction from such a measure as unconstitutional and opposed to public policy. Medical botany was in favor, and Dr. Howell was able to effect the organization of the "Pennsylvania Associate Society of Botanic physicians." He died in 1839, leaving his work to be continued by Dr. Thomas Cooke, a favorite student. Dr. Cooke undertook the enterprise with much energy. He published a semi-monthly medical journal, and was not long in bringing to his help other physicians of similar zeal, many of whom had been disciples of other teachers, or had been in the field as independent practitioners.

Another person abundantly worthy to be classed as a pioneer of the

school of Reformed Medicine was Constantine Rafinesque. He had become deeply interested in the natural history of America, and finally emigrated here in 1815. He was for a time Professor of Botany in Transylvania University, and spent many months in explorations in the South-west. He afterward made his residence in Philadelphia, where he wrote several scientific works of superior merit. His genius and learning were superciliously overlooked while he lived; but they finally elicited due acknowledgement at the hands of such men as Asa Gray and Louis Agassiz.

Rafinesque appears to have divined the advent of the new school of medicine. He was convinced to a certainty that the medical practice current in the fore part of the nineteenth century in no way fulfilled the conditions of a learned profession.

On the 10th day of October, 1840, there was formed at Philadelphia "The Eclectic Botanic Medical Association of Pennsylvania," with Dr. Persius F. Sweet as President. The preamble set forth the objects to be organized activity and the devising of means for the practical and theoretical instruction of students. A medical college was contemplated, but the expectation was not realized for ten years. Courses of lectures, however, were delivered.

Another pioneer was Elisha Smith, of New York. He began practice in 1815, in Genesee county, near the site of the city of Rochester. He soon found himself the object of social outlawry and a persecution almost as cruel as a French dragonade. Such appears to be the trend of events directly after a war. Dr. Smith finally removed to the city of New York, and began a movement to arrest the hostile persecutions. He denounced the Ishmaelish attitude of Botanic physicians toward each other, and insisted strenuously upon organization and a more thorough medical instruction as necessary to existence as well as to professional usefulness. He succeeded in forming a State Botanic Medical Society, and published a work on the Practice of Medicine, which compares favorably with the medical publications then extant, of whatever school, both in matter and literary style. He died in 1830. His son, Dr. Isaac S. Smith, himself a graduate, continued the work, and established a medical college, which continued in operation till 1846.

Some years afterward, Dr. Calvin Newton entered the field in New England. He was a Baptist clergyman, and had occupied the chair of Hebrew and Rhetoric in the Theological Seminary at Waterville, Maine. He possessed rare energy, superior constructive talent, and a vigilant conscientiousness. Becoming a student in the Berkshire Medical College, he was profoundly impressed by the sentiments of the President, the late Dr. H. H. Childs. Governor Childs blamed "the want of principle displayed by the regular profession." He also disapproved of the proscriptive medical legislation, and declared in express terms that "the physician should be essentially eclectic."

He explained the term as meaning, "not only to cull, to select, to

adopt from all that is known, but to experiment, and to experiment on principle too, and to add to his armory new weapons for his daily warfare against disease."

Dr. Newton now conceived the purpose to establish a better practice of medicine under the title thus suggested. He became a member of the Massachusetts Medical Society, refusing to ally himself with Samuel Thomson, Alva Curtis, Wooster Beach, or any other leader. At that time there was little communication between individuals living in parts of the country distant from one another. Dr. Newton succeeded, however, in securing a correspondence with medical reformers in New England, and presently in establishing a college at Worcester. He began directly after graduating in medicine, and in January, 1846, he commenced the publication of the *New England Medical Eclectic*. He learned, however, that the Reformed physicians of other States had adopted the coveted designation, and hastened to change the name of his proposed school of practice to Physiopathic. Dr. Curtis assailed him for his course, to which he replied, indicating Dr. Curtis and Dr. Beach, "Each of these gentlemen has had the means of knowing our position, and each seems equally offended that we do not call him *master*."

For some years Dr. Newton acted in connection with the Botanic-Medical College of Georgia. In 1852 he attended the annual meeting of the National Eclectic Medical Association, and was elected its President. From that time his affiliations continued with that body.

Another builder of the American School of Reformed Medicine was Dr. Wooster Beach. It was his fortune to outlive his principal contemporaries in the work, and to secure the attendance of many of their followers. Dr. Beach was a many-sided man, and his aims extended over the field of religious philosophy as well as medicine. The late Dr. James R. Wood, of Bellevue Hospital and College, who knew him familiarly, declared him to be one of the great men of the age.

* * * Dr. Beach did not at first aim to establish a routine system of his own, but to release investigating students from dependence upon the doctrines then taught, and to lead them to independent observation. Following the example of John Hunter, he opened an infirmary in New York in 1825, to which he afterward added a school for instruction. * * *

Dr. Beach had been thus engaged for several years, when, in 1832, the first visitation of Asiatic cholera occurred in America. It was very fatal, and the routine treatment with mercury increased the mortality.

The Thomsonians, Benjamin Thompson, then of Boston, Alva Curtis, and their confreres, very generally cured their patients. An alderman placed Dr. Beach in charge of the poor patients in the tenth ward of New York, and his success was also most gratifying.

He now became more widely known. He was busily occupied with his profession, and he had expanded his school into the "Reformed Medical College of New York." He had also established a national society, and was conducting a religious periodical.

A new school of medicine requires text-books of its own. Literature is a vital necessity. Dr. Beach engaged in the compilation of the necessary works. A medical dictionary, a treatise on physiology, and another on midwifery, were prepared and published. In 1833, the "American Practice of Medicine" was issued, and it became at once the standard text-book for Reformed physicians. It furnished a basis for medical and surgical practice that enabled them to cope with their rivals and adversaries.

Copies of this work were sent to the sovereigns and leading medical teachers of Europe. It met with approval among them all, and Dr. Beach was made a member of different medical and scientific bodies. At that time there was a general disquietude among intelligent physicians and in higher social circles, and many were desiring the development of a new medical practice to supersede the current methods. Sir John Forbes, afterward physician to the Prince Consort, was one of the number; also Sir James Clark, who was placed by Queen Victoria at the head of the staff of royal physicians.

Meanwhile due attention was paid to the organizing of medical societies. Ever since the war with England legislation of severe character had been hatched and foisted on the statute books. Conspiracy on the one side requires union on the other to defeat its ends. First of all, the "Reformed Medical Society of the State of New York" was organized at the village of Rochester in January, 1828. Its purpose was set forth to improve medical practice, encourage the use of herbaceous remedies, diffuse knowledge among the people upon medical subjects, and undertake to secure the repeal of unjust laws restricting the practice of medicine. A medical journal was published under its auspices. Auxiliary medical societies were formed in different counties. The "New York Association of Botanic physicians," of which Elisha Smith was the leading spirit, has been elsewhere mentioned. There were, likewise, two associations formed, with very similar aims, each with the name of "Reformed Medical Association of Western New York."

In 1829 the "Reformed Medical Society of the United States" was formed in the city of New York, with Dr. Beach for President. The members were mostly young men of great enthusiasm. The project was submitted to establish a medical college in the valley of the Ohio. After correspondence and the necessary arrangements, Dr. Beach's colleagues—Thos. V. Morrow, John J. Steele, and Ichabod G. Jones—were deputed to organize a medical department in the college at Worthington. An amendment was made to the charter, and the new institution began its operations in 1831. * * *

Dr. Morrow now began to contemplate a general union of all friends of reform into one organization. He accordingly addressed a letter to Dr. Thomas Cooke, proposing a consultation of all parties. In a later communication he submitted the project of a national reformed medical institution for instruction. He proposed for this purpose a

national committee, with sub-committees in the Congressional districts, to raise a fund of one hundred and fifty thousand dollars. With this amount a medical University might be established, with accommodations for five hundred to a thousand students. To this institution a hospital or infirmary was to be attached, thereby affording opportunity for preliminary training in clinical practice, such as at that time was seldom attainable in the United States.

To this proposition he received many hearty responses. The Association of Pennsylvania concurred by a unanimous vote. Dr. Alva Curtis, it was said, also regarded the project as feasible. * *

The refusal to Dr. Morrow's enterprise came from Georgia. Dr. Lanier Bankston, the principal founder of the Botanico Medical College at Forsyth, addressed a letter to Dr. Curtis, fiercely denouncing the proposition. He attempted to screen his rancor in a very common way, by impugning the motives which inspired Dr. Morrow. It was a desire, he said, to waft a falling fraternity upon the tide of a rising system." Graduates of the Worthington College, he asserted, used the lancet and calomel more than physicians of the old school. He utterly refused to have anything to do with Dr. Morrow, and added this ultimatum: "I am sure that the Thomsonian fraternity in general wants nothing to do with him until he shall adopt their leading principles of medicine."

To this unfriendly declaration and its imperious assumptions Dr. Morrow made a dignified reply. He denied the imputation against the students of the institution at Worthington, and challenged the right of Dr. Bankston to speak for the great body of Thomsonian practitioners. But, he added, it is useless to propose any one system of medical reform exclusively for indiscriminate adoption. Those who wished to promote the leading interests of the common cause must be willing to adopt all improvements, whatever the source from which they might come. For these purposes and on these principles, he added, he advocated the union of all medical reformers, and he would not consent to a union on any other grounds.

Thus a plan for united action that might have placed the Reform cause on an impregnable basis, assured it against the assaults of its enemies, and given it an exalted position before the civilized world as a beneficial and scientific enterprise, was contumaciously rejected. Ten years later an endeavor was made in New York and Baltimore to formulate a common platform for the several parties, but it failed of ultimate success.

Dr. Morrow continued his labors in Ohio, but under disheartening circumstances. Compelled to abandon the enterprise at Worthington, he removed to Cincinnati. He found there the "Reformed Medical School," and continued its operation for three years. He was too earnest and resolute to be foiled by discouragements. The memorable session with a solitary student is historic and its record a classic.

He soon found friends who appreciated his character, ability, and

professional skill. He died before he had accomplished all that he had contemplated, yet what was effected was vastly beyond what most men would dare hope. What a few years more of life would have enabled him to achieve is a matter of surmise. We have good reason, however, to believe that he would have fulfilled all that he was so nobly ambitious to undertake.

KOREA.

By O. C. Welbourn, M. D., Manila, P. I.

ABOUT the year 1122 B. C., Keja, a Chinese nobleman, was exiled from China by Chow Sin, the "Nero of China," and he, together with several thousand followers, settled in Korea. The aboriginal tribes were conquered, and the interblending of races that followed has produced the Korean of today. He is capable of doing an immense amount of hard work, but his time is usually occupied in gossiping and eating up what his wife has provided by manual labor. His house is a mere hovel made of poles and loose stones tied together with strings. It consists of one or two living rooms each about seven feet square, and a "lean-to" for a kitchen. This kitchen has no floor, and a rude fireplace and primitive pans and kettles do service for what little cooking is done. Very little meat or fruit is eaten, the principal article of diet being a kind of saur kroust made of raw fish, raw vegetables, and peppers of many kinds mixed together and fermented. All forms of dyspepsia prevail. The living rooms are also used for sleeping purposes, and without further preparation than the starting of a fire. The floors of these rooms are made of stones and mud, with radiating flues and fireplace underneath. In this manner the room is kept warm, and the Koreans, four or more to a room, sleep thereon without mattresses or covering in perfect comfort. The temperature of the sleeping rooms is usually above 90°, and as the one small window is kept closed, a night passed by a foreigner in such a hole will sometimes cause him to repent of his past misdeeds and determine to lead a better life. However, the Koreans seem to enjoy it, and the most sultry summer evening fails to diminish the fog or thick smoke that arises from the starting of these fires.

Korean society is composed of men and dancing girls. Respectable women are kept in the seclusion of their own quarters, and to speak to a man other than father, brothers or husband, is sufficient grounds for a divorce. She never goes abroad except in a closed palanquin, and then only at night. According to the old law the great bell in Seoul was rung at 8 P. M. every evening. From this time until midnight she could call on her lady friends, and any man found on the streets was severely punished. But notwithstanding these restrictions, only an occasional Korean believes in the chastity of the wife which his father has allotted to him.

The Korean is vile in thought, word and action beyond description and surpassing belief. Of the most primitive sanitary arrangements he has not even dreamed. All refuse of whatever kind is dumped into the street, which is usually a winding path without even a gutter. Typhus fever is common, and it is a custom of the country not to count a child as a member of the family until it has had small pox. Instead of quarantining the latter disease, the friends, and especially children, are brought to the bedside to assist in the prayers and sacrifices intended to appease the terrible monster which is supposed to be a dragon spirit sent over from China. No medicine of any kind is used. A few persons are vaccinated by thrusting a scab into the nostril or by drinking a decoction of the scabs. Typhoid fever is unknown, but dysentery is epidemic every summer and usually fatal. Hepatic abscess is a common sequel. Venereal diseases are seen everywhere. However, the surgeon of the government hospital, an American, has decided that the death-rate of Seoul is less than the average American city. In Korea there are no quiet retreats for persons suffering from mental aberration.

Manila, P. I., Nov. 14, 1900.

SKIN DISEASES—TINEA FAVOSA. Porrigo—Crusted Ring-Worm.

By E. H. Moore, M. D., Rew City, Pa.

[Continued from page 24.]

THIS disease is contagious, and is produced by the vegetable parasite, *achorion Schonleinii*. It is characterized by the development of small, round, sulphur-colored, cup-shaped, friable crusts, which are most always perforated in the centre by a hair.

Etiology:—Favus appears at all seasons of the year, attacks either sex, and any age; but is observed more frequently in children, and persons of lymphatic and scrofulous tendencies. The condition of the skin; in these subjects seeming to be more suitable for the retention and propagation of these parasites. Favus is very prevalent among rats and mice, which in turn is transferred to the family cat, through which means, children easily become contaminated.

Symptoms:—No febrile symptoms, or other deviations from health, due to this ailment, are manifest in the beginning. Favus most frequently attacks the scalp, from which the nails become affected, and by them the disease may be carried to any part of the integument. In one case the parasites found their way to the stomach, producing their characteristic lesions therein, which soon proved fatal.

The patient's attention will be first called to this disease by a very annoying pruritus, which is worse at night, and when located on the limbs or body. On close examination, minute white points, on a level with the skin, will be observed, each one being surrounded by a narrow areola, and perforated in the centre by a hair. By the fifth or sixth day, they will have become enlarged to the size of a split pea,

filled with yellow fluid and umbilicated. The edges are now slightly raised, but the centre remains tied down to the level of the skin by the perforating hair.

The pustules are usually distinct at first, but soon become clustered and form a continuous crust, especially if situated upon the scalp. Their separate outlines, however, can usually be distinguished. They may form in small patches, or almost encase the scalp in one continuous crust, which will have the appearance of a honey-comb. When the crusts are removed, the surface beneath is eroded and a disagreeable oozing takes place, which is very offensive and smells like cat's urine. If this discharge dries, it will form crusts, which do not have the characteristic features of those produced from pustules, but are of an amorphous composition. At the commencement, the hair is easily removed, and later will fall out, owing to crowding and destruction of its surroundings. If new hair is produced, it will be scattered, delicate, woolly and of a lighter color.

If the disease is on the limbs, or body, it is usually discrete. Where it affects the nails, they become brittle, split, have irregular and broken edges, and small yellow spots appear in their substance, yellow matter accumulates around them, the matrix becomes affected and they become rough and mis-shapen.

Pathology :—Favus is ordinarily confined to the hair follicles, but may affect the nails or epidermis. Very minute tubes of a pale green color ramify in all directions from where the achorion Schonleini are deposited, some being empty and others filled with young spores. The parasites occupy the hair follicles and beneath the corneous layer of the epidermis. Inflammatory changes take place, resulting in atrophy of the hair and its immediate surroundings.

Diagnosis :—Favus is apt to be confounded with pustular diseases in the classification, but where classified correctly there is but little room for error. The distinctive features of this disease, are the sulphur-colored, umbilicated pustules, each perforated in the centre by a single hair, the offensive smell, which resembles the odor of cat's urine, the tendency to attack the head, and lastly, the microscopic examination, which will reveal the achorion Schonleini.

Prognosis :—Favus does not endanger life, but if not treated, may seriously impair the health, on account of the continuous irritation caused by its presence. It eventually produces baldness. The hair will in some cases grow again, but will be lighter in color, and very delicate. The disease is quite difficult to handle when located on the scalp, but can be relieved by good treatment in six to eight weeks. On the body it is very easily destroyed. When it affects the nails, it is very intractable. The disease is handled with more difficulty where hygiene is neglected, and in scrofulous subjects. Relapses are very common, owing to the fact that treatment is often suspended before the parasites are entirely destroyed. Without treatment it will last for years.

Treatment :—Internal treatment will not destroy the parasites, but conditions may be present that need attention, such as swollen glands, scrofula, or other deviations from health. Some hints on hygiene, forcibly expressed may result to the benefit of the patient.

Local Treatment :—Epilation is a question in dispute: some recommend, some oppose, and others advise to cut the hair. I think the physician can decide the point best, who has the patient before him. When the whole head is covered, it would be impossible, as well as inadvisable to extract the hair, and in this case it should be cut close. When it is scattered or in small patches, the hair may be pulled out with advantage. The patches should be kept saturated for one or two days with oil of ergot, after which a twenty-five percent solution of boro-glycerole should be sponged thoroughly over the parts. In one or two hours the crusts will peel off, leaving a clean surface. Poultices are also used to remove the crusts, but have some disadvantages. If any discharge is present after removal of the crusts, cleanse the surface with hot borax water, dry carefully with a towel, and in a few minutes, apply one of the following antiparasitics. R. Oleate of copper, dr. ss, lard or vaseline oz. j. This should be thoroughly rubbed into the raw surface. R—Tr. iodine dr. jj, ext. hamamelis oz. jj. Or if the parts are not too sensitive, substitute alcohol for hamamelis. Bichloride of mercury, dilutions of carbolic, or sulphuric acid, and chriserobin are used, but the first mentioned remedies are the best. The surface should be kept clear of crusts, and the treatment repeated often enough, and continued long enough, to destroy the parasites, taking care not to lose sight of the patient until he is perfectly well. When the disease appears on the body, or limbs, it can be destroyed readily by a few applications of R. alcohol oz. jj, tr. iodine oz. j. If the nails are involved, all dead or other substance can be removed and above remedies employed. The results in this case will be slow and tedious. Any concurrent disease, produced by the nails in scratching the parts, or from the use of irritant applications, must be treated according to the demands of its individual condition.

THE PLACE OF SALICYLIC ACID IN RHEUMATISM.

By J. C. Kilgour, M. D., Harrison, O.

AMONG the remedies for rheumatism we have none better and more reliable than the above mentioned drug, but we must use discrimination if we meet with success in its use, for, though prompt and vigorous in action, its sphere of usefulness is limited, and outside of that limit it is of no value. Experience in the use of it for many years has taught me that we need no sedative with it when the proper indications are present, and these consist of a moist red tongue with thin yellow coating dotted over it at times, with a temperature often as high as 104° and very great tenderness about the joints with

swelling; sometimes there is profuse sweating but this latter is not always present. There is sometimes a slight blush of pale redness about the joints, but often the face and affected parts have a blanched appearance. I have never known this acid to be any benefit where the joints were not involved, and I have always used it in the form of salicylate of soda, being combined with bicarbonate of soda, which makes a perfect solution in water. In pure muscular rheumatism I have been disappointed with it, preferring aconite and macrotys.

AFTER SURGICAL TREATMENT, WHAT?*

By W. E. Bloyer, M. D., Cincinnati.

WHAT is done before, during, and after operation is of equal importance in so far as the comfort and recovery of the surgical patient are concerned. This is generally the case. True, there may be cases in which the preparation for the operation is of greater importance than either the performance or the after-care. As a rule, however, life may depend upon proper preparation as much as upon proper operative interference, or upon proper conduct during the post-operative period. The happiest results obtained from the greatest possible care in any one or two of these periods may be annihilated by neglect or error in either of the others. Our province at this time is to speak of the third important division of time, "After Surgical Treatment, What?"

Taking the case at once from the hands of the surgeon, caution should be observed from the beginning. There should be no hurry or anxiety. Too often strenuous efforts are made to arouse the patient as soon as operative measures have ceased. Wait until the effect of the anæsthetic has been wholly dissipated, and nature will take care of the awakening. Too early or too violent efforts may add to the shock. Only when the innate powers seem to be unable to bring about restoration should assistance be proffered. This assistance should be in the way of the application of heat, through blankets, hot bottles, or other means; the injection of stimulants, of which brandy and strychnine are the most popular. We believe that when the surface is too cold, the capillary circulation is poor; a whip to the heart in the way of atropine, given hypodermically, would be better than so much strychnine.

When, from severe hemorrhages, there is cerebral anemia, the raising of the foot of the bed should not be forgotten. To add volume to the blood current in these cases the hypodermoclysis of saline solution seems sensible; but to overburden an already depressed or overcome circulation seems to us to add insult to injury and to lessen the chances of recovery. After re-action is well established, and the circulation again active, copious injections of normal salt solution into

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the rectum might be more advantageous than objectionable. A small amount in the areolar tissues is also advisable at this time.

When the temperature has been restored, and re-action has been established, further efforts in this direction should be abandoned. Too often have we seen the recently operated upon patient brought close to death by over-stimulation. Of the application of heat and the use of stimulants, as of other things, it may be said truly, "Too much is as bad as too little." Proper spongings and the local application of water of various temperatures by various means, are of great importance in heat regulation. It should not be forgotten. Ventilation and the proper temperature of the room have much to do with the restoration of the patient from shock.

When reaction is fully restored, the post-operative rise in temperature is at times very noticeable. It is a most disturbing feature to some surgeons, and the thermometer readings, rather than the condition of the patient, too frequently influence them to prescribe antipyretics. The patient's chances of recovery are many times certainly destroyed by remedies given to lessen non-septic, post-operative fever, which, like diarrhea, emesis, and some other symptoms, within certain limits, is undoubtedly physiological, and not pathological. It is only when it passes this limit that its effects become destructive to life. It is a wise surgeon who can use the proper discretion in selecting and prescribing antipyretic measures. They should be given in small doses for their direct effect, and should not disturb the nervous force of the heart. No direct antipyretic known to me can be given in large doses, or for some time, without seriously affecting the heart and its nerve supply. More surgical patients, in their after treatment for increased temperature, are injured by antipyretics than by any other class of remedies. The same is undoubtedly true of the use of these drugs in general medicine. Eschew the coal-tar derivatives and the patent antipyretics. Be careful of aconite and veratrum—they depress. Use judiciously gelsemium, *rhux tox*, baths, etc. Proper spongings, ventilation and local applications are many times superior to any medicine. Do not scrutinize the temperature nearly so closely as you do the patient's condition. The latter should be the guide. Degree of temperature can not decide for us as to the patient's condition and need of antipyretics.

Rest, both physical and mental, is an absolute necessity to the surgical patient. Both mind and body must be tranquilized, or recovery is slow.

Then should follow, naturally, restoration of function—especially secretion and excretion. Likely the most important of all of these, to the surgical patient, is a free secretion of urine. In all diseases, acute or chronic, surgical or otherwise, recovery depends, to a great extent, upon the ability of the kidneys to wash out the debris incident to cell destruction. As your typhoid and diphtheritic cases recover best when the kidneys are active, so will your surgical, septicemic and

and pyemic cases do best when these organs do their work well. The free use of water internally, together with *apis*, *belladonna*, *triticum repens*, *gelsemium*, and any one of a half dozen other remedies of like kind, do better than too much potassium, *digitalis*, nitrous ether, etc.

The skin of the surgical patient needs careful attention, as much as it does in ordinary sickness. Keep it soft, moist, clean. This is especially necessary when the kidneys are not doing their full work. This involves the question of how—which we must overlook for the present as our time is too limited. The bowels of the surgical patient seem to disturb the mental equilibrium of the surgeon, if they do not move soon and frequently. So much is this the case that we have often thought that the rule of action with most surgeons was short and to the point—like this: *physic*, cut, *physic*. Unless the nature of the operation of the patient be such that it is necessary to keep up a continuous peristaltic action to prevent adhesions of cut surfaces within the abdomen, the same rules should govern the administration of *physic* as in general practice. A dirty tongue, loaded bowels, dangerously high temperature, etc., might call for a laxative or *physic*. Not every surgical patient needs a *physic*. When demanded perhaps the *salines*, *calomel*, or *podophyllin*, in small doses, are the favorites, and usually act the most satisfactorily. Enemas should not be forgotten, and are especially to be preferred to a routine prescription of cathartics and laxatives. They are safer because their action is more easily controlled.

The question of nourishment presents two elements for consideration. First, the food; what shall it be, how shall it be prepared and how much shall be given, etc. The second is, is the stomach in a condition to receive food, and to digest it? If not, why not, and what will bring about the proper condition? We can not take the time to fully discuss these questions. They are, however, all-important. We must say, however, it is better to give no food than bad food, or badly prepared food, or even to put good food into a bad stomach. There should be no forced feeding. As good digestion waits upon appetite, we should to a great extent be governed by appetite both as to the time food is to be given and as well as to the nature of the food to be given. We could never with success make a sick patient eat that which he did not relish when well. Now we do not try to do so.

Beyond these we might introduce and discuss other important topics relative to the post operative treatment of patients. One is vomiting from the anesthetic; how treat it? We know of no specific. The individual case must be treated, and we believe that if for the instant we could forget that we are surgeons and give the *indicated* remedy, we might do better than we generally do. Experiences seem to prove this: we are too thoroughly filled with surgical ideas to think of medicine as we do at other times, and as many of us have done for years. For this reason our patients vomit longer and more severely. The post operative emesis, as well as the excitement displayed while tak-

ing the anesthetic, are in a great measure due to the state of mind of the patient at or before the time of beginning its administration. Excitement at first means excitement throughout; tranquility to begin with means, to a certain degree, quietness to the end.

Will you give water? Yes, to some; no, to others. Freely to some, sparingly to others. Will you give ice, hot drinks, aerated waters, vinegar, champagne, hypodermics of morphine, atropine, cocaine, or use lavage? Perhaps. Will small doses of calomel, or effervescent salines pushed to free purgation, stop or lessen vomiting? We doubt it. We have seen them all fail. They vomit with and without everybody's favorite medicine, or remedy, or drink. No two patients are constitutionally (or in any other way) the same, and no fixed or fast rules of medication will apply alike to all cases of anesthesia vomiting any more than we can fix rules and dosage that will apply to the treatment of every case in any other class of diseases.

Watch, for while chloroform may kill upon the table, the effects of ether may follow the patient to bed and may kill a day or two later—from suppression of the urine or uremic poisoning. The heart and lungs need watchful care. They are least likely to be seriously depressed in the unmedicated patient.

Digitals, strychnine, nitro-glycerine, alcohol, etc., stimulate, and a corresponding depression always follows. Will the patient be able to wade through this added slough of despond? Always watch the drugged patient. Give stimulants only when the conditions demand them; then select the proper one, the one best suited to the case.

Hypodermics, salines, subcutaneously or by the rectum, transfusion, may or may not be demanded—before, during, or after the operation. You are to decide. The better your judgment the better opportunity for recovery has your patient.

The glutton and the chronic alcohol habitue, the anemic, and the very fat woman, and especially the child surgical patient, need especial care. To be forewarned is to be forearmed. In these cases, proper drugs may ward off danger—both the danger of death and the danger of insanity. Improper dosing may add to these dangers.

Special cases require special procedures. Washes, local applications, drainage, and other things that might be mentioned in the discussion of the after treatment of surgical cases, might occupy our time indefinitely; we desist now lest we tire you.

In the treatment of these cases each patient must be a special study, the same as in general medicine. Tact, talent and medicine each plays its part in bringing about desired results.

The better physician a man may be, the better surgeon he can be. The better care a surgeon can give his surgical patients in the pre- and post-operative periods, the greater his success will be. Too many surgeons divorce medicine from surgery. This should not be. One should be the handmaid of the other. Judicious medication will aid in doing what surgery alone can not do.

Too frequently the knife is the whole dependence of the surgeon. Too often, when he has dressed the wound, he thinks his duty done.

We present these ideas upon this subject. Whether it has been treated in the manner contemplated by the president and the committee who assigned it, we do not know. We hope, however, that what we have said may tend to influence surgeons to more and to a reasonable medication in the treatment of their surgical patients.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

CATARACTS.

Among ancient writers there was a diversity of opinion regarding the location of cataract. While some recognized the lens as being the affected portion, others supposed the cornea to be the seat of the lesion. Paulus Ægineta gives the following description: "The cataract is a collection of inert fluid upon the cornea at the pupil, destroying vision or preventing distinct vision. It arises most commonly from a congelation and weakness of the visual spirit, and on that account the disease rather attacks old persons, and those who are debilitated by protracted illness. It is occasioned also by violent vomiting, a blow, and many other causes."

Methods for determining the advisability of an operation are given, and the method of operating is very fully described by the author. Some of the early authors mention having heard of extraction through the lower portion of the cornea, suction, and also of breaking the lens to pieces, but the classical operation of that period was couching or reclination.

Operative measures have undergone extensive modifications, especially within the last half century, and at the present time couching is almost, if not entirely, obsolete among civilized nations. However, some of the methods advocated by the ancients for the after treatment still prevail, the most noticeable of which is the darkened room, some operators confining the patient in rooms where every ray of light is excluded. The old method was: "Then lodging the patient in an apartment below ground, we order him to remain in a state of perfect rest, and upon a spare diet, etc." The directions were explicit, and seven days of this regimen were required in these cases.

The majority of oculists now a-days do not believe in total exclusion of light, but nearly all object to an excessive amount of light. From three to five days quiet in bed is insisted upon.

It is not an uncommon occurrence, even at the present day, to find doctors who confound opacities of the cornea, as well as pterygia, with cataract, and they will talk glibly about "taking off" a cataract, as though it was something located upon the external surface of the eyeball.

Local measures for the absorption of cataract have attracted considerable attention of late, but, aside from some cases of spontaneous absorption, it is very doubtful whether any such results as claimed have been obtained. In many cases, after the swelling stage of cataract has subsided, there will be some improvement of vision, especially in a dim light, and those who are undergoing the local treatment are beguiled into believing that the treatment is responsible for this improvement.

ACUTE RHINITIS.

As the season for variable weather approaches, the doctor can expect numerous cases of acute rhinitis to present themselves. The suddenness of the attack will afford a clue to the condition, and also eliminate other conditions which might be confounded with it.

Among the first indications usually are tingling or tickling sensations in the nose, frequently accompanied by sneezing. Dry, burning or full feeling in the nose or head; sensation of cold in the frontal region; frontal or occipital headache; stiffness of the back of the neck; smarting or burning of the eyes, and fever. The general system may be considerably disturbed, but this is not the rule in persons of fairly good health. Inspection of the nares will reveal a swollen, congested condition of the mucous membrane, the color varying from a slight redness to a deep red. The turgescence of the tissues will often occlude the respiratory tract, and the sense of smell is partially or completely lost, while the discomfort of the patient is increased by the necessity of constantly using a handkerchief. The alæ of the nose become reddened and tender, and if the secretion is excoriating, the skin around the nasal opening and also of the upper lip may become very sore.

If the cases are seen early the disease may often be aborted, but after it is firmly established, a week may elapse before a cure can be said to be made.

Treatment.—In the early stages, especially when the weather is warm and depressing, *sp. aconite* and *sp. gelsemium* should be given at least every hour until the more severe symptoms subside. In those cases where the discharge is acrid and watery, an erysipelatous redness of the nose and chilly sensations are quite prominent features, *sp. belladonna* should be combined with the aconite. When the discharge is moderately profuse, and not particularly thin or viscid, *sp. hydrastis*. If the secretion is tough, stringy and tenacious, bichromate of potassium, in 1-100 grain doses, four or five times a day.

When the nasal passages are alternately closed and open, *sp. nux vomica*. When the patient complains of pain running from the throat to the ear on swallowing, *sp. bryonia*, giving ten to fifteen drops in four ounces of water, teaspoonful every one or two hours. When the sensation in the nose is that of being full, but without any secretion being obtained on blowing the nose, *sp. sticta* in doses of about one-

sixth drop every two or three hours. With a profuse, thin, watery discharge, distillate hamamelis 3j to 3ij to 3iv of water, giving a teaspoonful every one or two hours according to the severity of the case. When the discharge is thin, watery and excoriating, liquor potassii arsenitis in fractional drop doses. If, as often happens in these cases, the muscles of the throat have a bruised feeling, cimicifuga should be given, while if there is any tendency to soreness of the tonsils or enlargement of the lymphatic glands, sp. phytolacca will be the remedy.

The use in these cases of preparations containing cocaine or suprarrenal extract is to be condemned, although the relief afforded following the application of either of these remedies may be considerable, the re-action which necessarily follows the use of such powerful contractile agents is to produce an increased relaxation of the tissues, and this will eventually result in a chronic condition which is little amenable to treatment. It is like applying the whip to a tired horse, it has no action aside from its local effect, while acute rhinitis is virtually a systemic disease with local manifestations.

TREATMENT OF ACUTE INFLAMMATION OF THE MIDDLE EAR.

In the first stage, or before the serous effusion has taken place or the pain has become severe, gentle inflation and filling the ear with warmed pure or carbolated vaseline will suffice to give relief. When the pain has become intense, inflation must be practiced under very low pressure, as the movements of the drum-head, like those of an inflamed joint, are exquisitely painful. The patient in this stage should be put to bed to keep the temperature equable; a warm 8-percent solution of cocaine or eucaïne may be instilled into the ear, and if deemed necessary, one eighth grain of morphia can be given in combination with 1-400 grain of atropia for an adult. If for any reason the morphia and atropia should not be prescribed, bromidia may be substituted in teaspoonful doses, in water, every half hour until relief is obtained; then it must be discontinued. The bowels and general health should receive proper attention. We have often found that leeches gave speedy relief. Two Spanish leeches may be applied in front of the tragus and two behind the auricle for adults. The external canal is stoppered with cotton so that the leeches can not enter it. The skin is pricked until a drop of blood appears; then the leech in a two-drachm vial, with its mouth at the opening of the bottle, is placed so that its mouth covers the drop of blood. The vial is held in position until the leech takes secure hold; then the bottle is removed and the leech is allowed to fill and drop off. This manner of applying leeches is given because few seem to be conversant with the subject, and this method removes the common objection to handling such repulsive creatures.

Especial care should be exercised to abstract the blood in middle ear

inflammation as much as possible from the region of the tragus, on account of the intimate relation of the blood vessels of this region and the anterior wall of the meatus with the vessels of the tympanic cavity. If enough blood has not been abstracted after the leeches fill and fall off, more can be drawn by applying napkins wrung out of warm water. If there should be any difficulty in stopping the bleeding from the leech bites, pressure applied to them will succeed. The artificial leech is also an excellent device, but it occasions more discomfort.

The common practice indulged in by the laity of pouring oils, onion juice, etc., into the ear is a vicious one, since these become rancid and irritating, and predispose to a subsequent inflammation. Poultices are also mischievous and favor suppuration and perforation of the drum membrane.

The writer has seen the following simple device, always convenient, give grateful relief. A piece of clean cotton is placed lightly in the mouth of the auditory canal. A pipe is partly filled with tobacco and lighted. Then a piece of thin cloth is placed over the mouth of the pipe-bowl and blown gently through, while the lip-piece of the pipe-stem rests against the cotton pledget. This filters the warm smoke through the cotton into the canal of the ear, and a grateful sedative effect is soon obtained. I do not remember to have seen this remedy mentioned, but its efficacy in the absence of other remedies has been demonstrated.

Fever calls for antipyrin or its equivalent in some febrifuge that is less of a cardiac depressant. Phenacetin and acetanilid; act well. Quinine, the enemy of the ear, must not be used. It aggravates the existing hyperemia, and conduces to a permanent deafness. Alcoholic beverages and smoking are prohibited, and any inflammatory condition of the respiratory tract must be vigorously combatted.

If the pain and bulging of the drum head continue, notwithstanding all efforts to counteract the disease, and rupture of the membrana tympani is threatened, it should be incised with the paracentesis knife, in the posterior-inferior quadrant, so as to afford the most perfect drainage. A warm 8-per-cent solution of cocaine or eucaine should be left in the ear for twenty minutes before the paracentesis, and if the pain does not soon cease after perforating, more cocaine should be instilled, as hot as can be comfortably borne, so as to percolate through the perforation and reach the mucous membrane within; this will give relief. The incision should be a long one, cutting through the entire area of the postero-inferior quadrant vertically. The longer it is the more it relieves the tension of the nerves of the membrane, and the freer the drainage. The paracentesis knife must be absolutely sharp, and should be dipped in alcohol before using. The perforation generally heals in a few days if no pus has formed.

After the pain is relieved, which should be the object of our first efforts, the ear may be inflated with as low pressure as will accomplish it. The air pressure in the tympanic cavity promotes absorption of

any fluid contents, and will be likely to improve the hearing. This treatment had best be administered for a few days once a day. As improvement progresses the treatments can be given at greater intervals, until the normal condition is established.

Diet, exercise and clothing should be regulated on general hygienic principles.—*Dr. S. S. Bishop in Laryngoscope.*

In these cases of earache, for local treatment the continuous stream of hot water will often afford relief, and is better as a rule than any oily preparation that can be used.

The use of chloroform vapor, blowing the vapor into the ear, but being careful not to get in any of the chloroform itself, on account of its liability to blister, will relieve in the majority of cases.

The reference to warm tobacco smoke is simply referred to, and is a method that has been in use for a long time, and among the laity is quite well known in some districts. There probably is a more or less narcotic effect produced aside from the relief afforded by the warm smoke.

Inflating the middle ear in these cases is of doubtful benefit. Instillations of cocaine seldom if ever will produce any relief. The directions always given to use the solution warm will account for the relief obtained, the warmth of the solution doing the work rather than the cocaine.

The directions given to put the patient to bed may in some instances afford relief, but in many cases the recumbent position increases the pain, and the patient will prefer sitting up.

The use of leeches is one that is open to many objections, and it is a question whether any permanent relief can be obtained in this way.

The writer very properly condemns the common practice of using oils, onion juice, etc., in the ear, and also decries the use of poultices.

The internal administration of *sp. aconite* in combination with *sp. gelsemium* will give relief in many instances, in fact will give greater relief than the use of opiates.

If the tissues of the throat are considerably swollen, [*phytolacca* should be used. When, on swallowing, pain is increased, or there is a sharp pain running from the throat to the ear on swallowing, give *sp. bryonia*.

Some of these cases of acute inflammation of the middle ear appear to be rheumatic in character, and besides the sharp pain of earache there will be a more or less bruised sensation in and about the ear; when this occurs, *sp. cimicifuga* will be indicated.

The writer's directions in regard to the bowels should be borne in mind, as a brisk cathartic will often afford relief.

There are occasional cases of acute inflammation of the middle ear in which no relief can be obtained, any method seeming to have little if any effect, but fortunately these are exceptional, yet they occur frequently enough to cause us to be on our guard regarding a positive prognosis as regards prompt relief.

K. O. F.

PERISCOPE.

SURGERY AND THE STUDENT.

Why is it that the majority of medical students and recent graduates care more for the surgical than for the medical side of their chosen profession? What are the great attractions?

The surgical fever seizes the medical student at the beginning of his course. He reads the report of his *alma mater*, and he sees, in heavy type, that so many hundreds of surgical operations were performed last year. As a student he sees A or B or C operate. The great man enters the amphitheatre clad in his white gown, with arms bared, and aseptic turban wound about his head. The assistants and nurses are arrayed in similar garb. The unconscious patient is on the table, soon to be deprived of some member or organ of the body. The glittering trays and instruments are arranged for the coming work. The whole scene is wierd and dramatic, and the impressionable student yearns for the day when he too may don the gown and the turban, and appear before an awed and admiring class. The spectacular part of the performance always being before him, the student loses sight of the hard realities back of it, and sometimes it would seem as though the spectacular side of surgery warped the judgment of the surgeon himself.

True surgery should mean much more than a mere mutilating of the body. It should mean skill in diagnosis, in hygiene, and in therapeutics. It should mean postponing the cutting until the last possible moment, making an operation a thing of last resort. It should mean a knowledge of the after effects of the operation; not only the immediate, but the remote after effects. All surgeons worthy of the name are familiar with the immediate after effects of the multitude of ordinary operations; but probably no one knows less of the remote after effects than the ordinary operator, conscientious though he may be. The physician comes in contact with these, and many, many times they are deplorable.

Again, the attitude of the layman has much to do with making the student wish to follow up surgery. Especially is this so in a small town. A young man starting in practice in such a place is at once confronted with the fact that if he does not profess a fondness for surgery he will get precious little business. It will be assumed that he knows nothing of surgery, and therefore that he knows nothing else. There seems to be something in the human make-up that makes the owner of a mutilated or patched body proud of the fact that he has survived a surgical operation. From that time on he can brag of the fact that the celebrated surgeon, So-and-So, has operated on him; and the celebrated So-and-So feels complacently philanthropic toward his mutilated and patched admirer.

Another potent factor in developing the surgeon is that the emoluments are greater. The average man will willingly pay to the surgeon a liberal fee to lose a part; whereas, to the more conservative physician who might, with constant care and close attention, save the part, he grudgingly pays a nominal fee. The patient argues that if the surgeon lost the part he saved his life; whereas, if the physician saved the part, it could not have been in a very desperate condition anyway.

In surgery, if an operation is made, something tangible has been done. If the case is treated medicinally, the prescriber is beset with doubts as to what part the remedy played in the outcome. Something tangible has not been done. The operation is short and decisive. The prescription takes longer, its work is done unseen, and to the thoughtless or impatient seems uncertain.

The annual turning out of hundreds of young doctors, ninety-nine per cent. of whom hope and expect to become great surgeons, is serious business. Where are our prescribers coming from? What do the men who have just graduated know of the wonderful influence that many of our drugs have over what are commonly considered as surgical diseases? Operating is not all of surgery. It requires skill as a diagnostician to know what the condition of a given patient is. It requires a vast knowledge of medicine and hygiene to know what can be done for the patient before resort is had to the knife. It requires judgment to know just how far to go when operating is inevitable. It requires the closest kind of attention to details to avoid sepsis. It requires experience and careful weighing of evidence pro and con to know whether or not the after effects may be worse than the original disease. No branch of the great domain of medicine requires more general knowledge of its whole field. It is a question if any branch has a larger percentage of illy prepared disciples.—*N. A. Journal of Homeopathy*.

DEDICATION OF THE HAHNEMANN MONUMENT.

The unveiling and presentation of the monument erected under the auspices of the American Institute of Homeopathy, in memory of Samuel Christian Friedrich Hahnemann, in Washington, took place Thursday afternoon, June 21, 1900, at five o'clock, with elaborate ceremonies in the presence of a large company of spectators.

The weather was perfect for an outdoor function, and it was a notable occasion because of the presence of so many distinguished men, including President McKinley, and because of the fine addresses delivered and the enthusiasm shown by all present.

As described by the *North American Journal of Homeopathy*, the dedicatory exercises were severely classical in their simplicity. The appropriate introduction by Dr. Custis, the dignified presentation of the monument to the Institute by Dr. McClelland, the masterly ode to Hahnemann by Dr. Helmuth, the brilliant and epigrammatic ora-

tion by Dr. Walton, and the eloquently forceful speech by Attorney General Griggs, were each and all eminently worthy of the occasion.

The completion and dedication of the monument serve to mark an epoch in the history of the school. Hahnemann in bronze at Washington may have as powerful an influence for truth and tolerance in medicine as Hahnemann in the flesh did in Paris seventy years ago.

In his eloquent peroration Attorney General Griggs said :

"It was the merit of Dr. Hahnemann that he exposed fallacy, that he found the truth, and showed things not as they had been believed to be, but as they are. It was not his chief glory that by his doctrines he founded the homeopathic school, but that he uncovered errors, and disclosed secrets of nature which all the world has recognized as correct, without regard to school. He accepted no dogmatic assertions of philosophy nor any arbitrary counsel where the secrets of science were concerned.

"There are triumphs to be won in the peaceful pursuits of life that bear equal glory to victories on the field of war. In the center of this park stands the statue of a great warrior, a soldier of his country in three great wars, the representative of his country in martial valor. On the other side is the statue of the great statesman and orator, the expounder and defender of the constitution, representing constitutional law, liberty, and representative government. Here on this side, with great appropriateness, this Institute has placed this other statue, not of a man of war, not of a great Senator, but of a scientist, a reformer, a good physician. The laurels of fame grace with equal glory the brow of the warrior, the statesman and the scientist. There is one, and one only, test of worthiness, and that is that a man shall have wrought in unselfishness, with a spirit of sacrifice and devotion, in the interest of his country, of humanity and the world, and that merits a fame which these three possess in a triune glory."—*Med. Review of Reviews*.

PRECIPITATES IN PLANT PREPARATIONS.

But not alone in color changes do plant liquids become occasional subjects of suspicion or of question ; they sometimes alter materially in consistence, as well as in color. True it is that these defective remedies are now limited in number, as compared with the past, but still such changes are likely to invariably occur with some preparations and to occasionally occur with others. Many of the readers of these lines will recall the fact that years ago the exception was that of a liquid plant preparation which did not precipitate heavily, and that it was not unusual to open bottles which were one third mush, or which were so coated with adhering precipitate as to blot from sight the contents of the bottle. Indeed so prone were fluid extracts to precipitate and thicken as to have created the impression that this quality was one of the evidences of their excellence ; and I have even known salesmen to praise the strength of their preparations by pointing to the

fact that they would color paper deep red, and so strong that they could not hold all their constituents in solution. Probably many who read these lines will recall the fact that my attempt twenty-five years ago to refute this impression resulted in bitter resistance from many good men who were accustomed to associate color with quality, and even brought on my head the personal attacks of others who could not then perceive that all this coloring matter and precipitated stuff, as a rule, was inert and useless.

But times have changed. No longer do we find any advocate of dirt—plant dirt—in the lines of thoughtful pharmacy. No longer do we see a man bespeak the value of his plant preparations because of their power to color white paper. So, for the present we will pass this subject of universal plant dirt as a *necessity*, and approach that of occasional plant dirt, which in a few cases seems yet to be a necessity. By this I mean those preparations in which to eradicate the plant dirt is to injure the preparations, or in which to make the dirt perfectly soluble is to destroy the value of the remedy. Let me not be misunderstood, and in order to give an example I will state as an object lesson that the plant dirt of some preparations is so intimately associated with the active agents as to render it impractical to separate them without injuring those delicate agents. The drying of such associated substances often entirely destroys their peculiar qualities; the disintegrating action of reagents does the same. In such cases the preparations must be colored, and they may precipitate.

In other cases, while the larger share of the plant dirt may be separated, it is impractical without injuring the the preparation to exclude the final portions. As every chemist comprehends, his art will enable him to make certain salts and acids practically pure; but yet, in order to get rid of the final portions, great labor and expense are involved. Thus it is practical to make most plant preparations as thin as water; it is practical to make a large number as light-colored as whisky; it is possible to make a few as clear as water and as colorless; and yet in some cases, in order to get their therapeutical effect, others must be of a syrupy consistence and of a dark red or brown color. And these few are the ones that now give us the trouble that come from precipitates that twenty-five years ago were a trouble with the entire list. In my work with specific medicines, wherein my efforts have been directed toward improvements along the lines touched upon in this paper, I can count on the fingers of my hands the number of preparations that now precipitate to any great extent, and on the one hand those that occasionally disintegrate and assume a mushy consistence. Take for example *gossypium*. This preparation when first made is of an orange, or even a lemon color, but it very quickly changes to ruby red, and I question if any reader of this paper has ever seen it other than red. In changing, the next step is to suddenly turn to mush, in which case a brown magma results. Experience teaches me that its value as a remedy is not disturbed by the change

in color, but that it loses its therapeutical value entirely when it undergoes the next change and becomes mushy. Consequently, while it might be desirable to avoid the first alteration, it is essential to prevent the second one, and it is only recently that I have been able to feel with any degree of satisfaction that with this and similar preparations the change to mush has been prevented.

But yet a very few preparations still remain in this list to confound us. Take for example *nettle*. It is prone to gelatinize, and although of a light color it will still change to a magma. Take apocynum: a rubber like white sediment occasionally separates, and in cold weather sugar in great crystals is liable to be deposited. This sugar (crystallization) in very cold weather is also likely to occur with many other plant preparations. But I have written enough to indicate that not only have we to be concerned in change of color, but in change in physical appearance in a few cases, and that both physicians and pharmacists are likely at times to be confronted with perplexing problems in this great field of study.—*Prof. Lloyd in Med. Gleaner.*

DIPLOMAS AT YOUR OWN PRICE.

The diploma craze is becoming more and more prevalent the last few years. It has not been long since an old and respectable college of pharmacy set forth as an inducement to students to attend its courses that the successful graduates would receive a "handsome diploma of new design." Now you can get diplomas in mail courses in almost anything you want, from fitting spectacles to divine healing. The price of diplomas varies considerably with the institutions sending them out. For instance there was the (now defunct) Independent Medical College, which thought a diploma in pharmacy was worth, say \$75, if it could get that much. The divine healers charge any where from \$2 to \$100, depending on the scale with which their business is conducted and the gullability of their victims. Dr. —, of Chicago, who is a rather heavy advertiser in medical journals, conducts a school of "suggestive therapeutics," which is, we suppose, another name for hypnotism; he gives a mail course costing \$10, including diploma, or if you do not want the diploma, just loosen up say \$5 for the mail course, which contains all the instruction. The good doctor's diplomas are going to be worth \$20 apiece soon, we understand, as there is a time limit on the \$5 offer. But all in all, we think you come nearest getting your money's worth when you get a diploma from Prof. L. A. Harraden, of Jackson. In the first place, if Harraden gets your name he will send you anywhere from ten cents to two dollars' worth of circulars. In this bunch is a fac simile of the diploma he gives, and it is a peach. Nice gold seal and blue ribbons, good picture of the professor, and he is a howling swell, too. Your degree from Prof. Harraden is "Perfect Hopnotist." We understand the degree conferred by such institutions used to be H. D., Doctor of

Hypnotism, but the vulgar populace got to mistaking it for Hack Driver, Ham Destroyer, Hard Drinker, Hot Dog, etc., which was embarrassing to the professional hypnotists, and probably to the other gentlemen as well. And so it goes. The diploma hunt is no longer an exciting one, for you can get one so easily by merely paying the price that there is no fun in it.

We know a man that has diplomas from three great Universities, and who is, as he should be, a man of breadth and culture. His diplomas are rolled up in a bunch lying in the bottom of his trunk, and have not been exposed to daylight for twelve years. His real diploma is in his manner, his speech, his scientific knowledge.

But there are diplomas and diplomas, and you can get 'em at your own price—nice large ones, too.—*The New Idea*.

DIETETIC TREATMENT OF DIABETES MELLITUS.

We have always failed to see how the withholding of carbohydrates from the diet of diabetics, in order to cause the sugar to disappear from the urine, could in any sense be regarded as a therapeutic measure, *per se*. It is, at best, but an adjuvant to other lines of treatment. If the system ceases to eliminate carbohydrates simply because they are not furnished, no very great advance has been made in the curative treatment of the deficient power of assimilation which must be recognized as the fundamental cause of the symptoms.

In spite of its unsatisfactory and illogical character, the symptomatic or dietetic treatment of diabetes mellitus (*Ernährungstherapie* of v. Noorden) seems to be the only one left to modern medicine, in view of the very little positive knowledge possessed at the present day regarding its etiology. Homeopathy is not in exactly the same position as is the other school of medicine. It is not influenced to the same extent by the real or fancied knowledge of the etiology and pathology of disease. Its symptomatic treatment, if properly and thoroughly carried out, will lead back inevitably to the cause and source of the symptoms, and if possible remove or modify them, even if they remain unknown. And yet, in the case of diabetes mellitus, our success in removing the glycosuria by remedies, without the aid of diet, has not been particularly brilliant. Without being willing to acknowledge with the writer of a paper on the "Modern Treatment of Diabetes Mellitus" (*Medical Record*, May 12, 1900) "that the medical theory by drugs has shown itself in nearly all cases, by careful scientific investigation, to be a failure as far as the patient is considered," we feel that we should be ready to make use of any auxiliary treatment which promises good results. Such we will find in the nutrition or dietetic treatment of v. Noorden. In the paper referred to above we find a clear and concise statement of its principal points. It seeks to combat the main symptoms of diabetes, viz., the glycosuria and the malnutrition caused by the constant loss of non-assimilable nutritive

material. The first object sought is to discover the personal equation of each patient as regards his tolerance for carbo-hydrates. This is done by means of a "standard diet," containing a known amount of carbo hydrates, and by the subsequent careful analysis of the urine of the succeeding twenty four hours. The full amount of carbo-hydrates which the patient has proved himself capable of assimilating is then allowed.

Where the glycosuria is persistent it may be necessary to resort to periods of the strictest diet, as nearly free from carbo-hydrates as possible. The reduction to this diet is to be made gradually and with care, so as not to interfere with the general nutrition too seriously. These periods of strict diet are to last from three to four days, or longer, until all traces of glycosuria have disappeared. Should this result not be attainable by these means, it may become necessary to restrict the amount of albuminous food, and to substitute fat with certain vegetables which contain a very small percentage of carbo-hydrates. During this dieting careful examinations of the urine are required to detect the existence of azoturia, the percentage of acetone, and the presence of diacetic or oxybutyric acids. To avoid hyperacidity of the blood, large quantities of the bicarbonate of soda daily are recommended. After the glycosuria has disappeared, small amounts of carbo-hydrates are again added to the diet up to the point of tolerance. At intervals, varying according to the severity of the case, periods of strict diet of four or five days are to be enforced each month, or every second month, since it has been demonstrated that periods of abstinence increase the assimilating power, while indulgence in carbo hydrates diminishes the same.

Based upon this latter fact, such carefully and scientifically regulated diet approaches more nearly a true curative treatment than the usual haphazard "putting upon a diabetic diet" so much in vogue, no matter what medicinal agents may be simultaneously employed.

Even if, in a general practice, and amongst the majority of diabetic patients, a strict carrying out of all the provisions of this dietetic treatment may prove impossible, there are enough suggestions contained in it to cause us to modify considerably the usual routine treatment of such cases.—*The Hahnemannian Monthly*.

MELLILLOTUS ALBA.—Several years ago we heard Dr. Bowen state that this remedy would cure almost every case of epistaxis. We had the opportunity of trying this remedy the past month. The case was a woman past the climacteric, full-blooded, fleshy, and subject to congestive headaches. The bleeding had been going on for several hours when we arrived. The mellilotus came to mind and three drops were given repeated in ten minutes, and in fifteen minutes from the first dose the bleeding stopped. The hemorrhage was from the right nostril.—*The Medical Visitor*.

EXAMINATION OF PATIENTS.

I have many letters from physicians all over the United States asking me to advise or prescribe for intractable cases, and find that in some of them they are not so fully reported as they should be in order to facilitate the making of a good prescription. Will you allow me to put before your readers a form for examination of patients that I find a very good one?

1. *Description of Patient*—As to stage of life, constitution, temperament, state of mind, disposition, build, complexion, color of hair, eyes, skin, etc.

2. *Location of Trouble*—Such as head, chest, heart, abdomen, sexual, urinary, or other organs, or extremities, or whether of a general nature.

3. *Sensation*—As regards pain (and kind of pain), burning, coldness, heat or chilliness, or sweating, cramping, emptiness, fullness or bloatedness, or any other abnormal sensations of which there are too many to mention here.

4. *Concomitants*—For instance: If it is a stomach or liver, or trouble located in any particular organ, what other symptoms have you in connection with it in any part of the body?

5. *Aggravations or Ameliorations*—As to time of day or night, week, month, season of the year, weather, position, eating or drinking, including desire or aversion for particular foods, etc.; motion or rest, or anything that makes temporarily better or worse.

6. *Causes*—As some former sickness like scarlatina, measles, typhoid fever, or badly treated venereal disease of years ago, exposure to cold, wet, sun-stroke, or over heating; habits of eating or drinking, and abuse of tea, coffee, tobacco or alcoholics; suppressed diseases, like suppressed eruptions, or local discharges by scattering local applications.

7. *Former Treatment*—Or abuse of or over use of drugs, such as cathartics, bromides, morphine, quinine, calomel or other mercurials.

Of course this does not cover all possibilities that may arise in a case, but is something of a guide to one who is not in the habit of putting his cases upon paper for better consultation.

I do not offer this as an iron-clad rule for any one to follow, or that physicians do not already know all there is in it; but since I have used it in my own practice, I find it systematizes my examinations in such a way that I can get what I would often overlook without it.—
F. B. Nash, M. D., in Hom. Recorder

DRESSINGS.—A dry dressing is superior to a wet one in incised wounds. In contused and lacerated wounds a wet dressing should be employed for a week or two, followed by a dry one. In carbuncles, boils, and infected wounds, a wet dressing is indicated. When pus

has burrowed and sinuses exist, packing and a dry dressing is preferable. In deep punctured wounds, with a small orifice, a wet dressing is best. In all wounds of the scalp, whether infected or not, we should use a dry dressing.—*Philadelphia Med. Jour.*

THE STUDENT'S DREAM.

BY FRANK L. ROSE, M. D.

The day was done, the night was come; it was a gloomy day.
I sat within my lonely room and sadly pondered "Gray,"
Till suddenly it seemed to me the air grew cold and chilled,
Thick mists and darkness gathered round and fear my bosom filled.

Then mists and darkness rolled away and to my gaze revealed
A lot of micrococci in the microscopic field;
While round the edge another crowd, a rod or two from thence,
Were sitting 'round upon the ground or leaning on the fence.

A giant pneumococcus sat on the topmost rail,
And thoughtfully he tickled his proboscis with his tail.
He winked at me his eyelet and he said to me, "Observe
How easy 'tis to sit upon your pneumogastric nerve!"

"O come and sit beside me here upon your trapezoid,
And rest a spell the tired brain-cell and think with your hyoid.
I'm happy to see you, glad the opportunity permits,
And glad to see how perfectly your epileptic fits.

"Say, doesn't your patheticus give you an inward pain,
Or so much flattery tend to make your long saphenous vein?
And if a woman talks too much and dislocates her jaw,
Do you say, 'I Masseter, that must see to what you saw?'"

"And did it make him Gray to write Anatomy for you?
Or was he gray before, and wished to make you medics blue?
Come be a germ! And do not squirm nor fear to meet your fate,
Though like as not you'll learn just what Corrosive Sublimate!"

"So dry your tears, allay your fears, and be a microbe glorious,
To climb and run with cerebrum, and think with your sartorius,
Beef-tea is thin but gelatin and serum make good pabulum—
(To light a match you simply scratch it on your acetabulum!)"

Then all the micrococci waved their little tails before them,
And yelled at me in hellish glee, "Profundus digitorum!
Hurrah for H_2SO_4 and H_2NO_3 .
Levator labii superioris alaque!"

This frightful yell it broke the spell, I sprang from out my chair.
With clammy sweat my brow was wet, all dripping was my hair,
I barked my shins, bewailed my sins, and then I softly swore,
That I would eat mince pie, served hot, for supper never more.

[Alkaloidal Clinic.]

COFFEE.—The injurious effect of excessive use of coffee is nowhere more forcibly illustrated than in a statement of Miss Ward, writing from Brazil, "that the whole country is perpetually in a state of semi-intoxication on coffee—men, women and children alike, and to babies in the arms it is fed with a spoon. It is brought to your bedside the instant you wake in the morning, and just before you are expected to drop off to sleep at night, at meals and between meals. The effect is plainly apparent in trembling hands, twitching eye-lids, mummy-hued skin, and a chronic state of excitability, worse than that produced by whisky." The toxic action of tea and coffee, and especially tobacco, is so often seen in a large class of cases in this country that the first question asked by the physician in reaching a diagnosis is as to the use of these narcotics.—*N. Y. Medical Times*.

Cineraria Maritima Lin. Worthless.

SIR—I read in the *Medical Record* of January 27, p. 165, that the editor of *Experience* says: "The use of *Succus Cinerariæ Maritimæ* for the absorption of cataract, when dropped into the eye daily, two or three times at a sitting, acts in many instances with results nothing short of miraculous."

Dr. Lewis F. Read, surgeon-general Pennsylvania National Guard, and myself used this remedy, as suggested, on the eyes of my mother, aged 76 years, a resident of Norristown, Pennsylvania, for eighteen months without any results whatever, except to give her needless pain.—*Albert S. Ashmead, M. D., in Medical Record*.

The experience of Dr. Ashmead is in accordance with that of many others, and just what might have been expected from a study of the facts in the case. When the juice was first exploited it was said to have been derived from the *Cineraria maritima*, a name that had been relegated many years previously to the lingo of synonymy. Furthermore, it was said to be native in Venezuela, whereas the original *Cineraria maritima* Lin. is a plant of the Mediterranean region. We need say no more.—*Bulletin of Pharmacy*.

Pharmaceutical Notes.

Herbert Skinner speaks first of the petroleum preparations as bases for ointments, calling attention to their greasy and non drying properties. He thinks that the absorption of the base of ointments is not everything, seeing that mercury ointment, when made with a mixture of soft and hard paraffine, is absorbed more readily than with any other base. The preparations of petroleum are the best fatty lubricators we possess.

The reporter gives the following formula for an excellent cold cream ointment: Benzoated lard, ozs. iv; white wax, drs. iv; spermaceti, dra i; borax, drs. ss; glycerin, drs. i; cologne water, ozs. iiss.

In prescribing resorcin care should be taken to avoid a combination with salicylic acid, as the two are incompatible; it is seen especially in a collodion menstrum, less in a fatty one. Resorcin oxidizes rapidly, this being particularly noticeable in ammoniated mercury ointment, the white turning black in a few days.

The following lotion is very simple and often successful in allaying the itching and burning sensations in urticaria: *Liquor hamamelis*, ozs. ii; *sal maris*, ozs. ss; *aqua*, O j.

The following iodine preparation will recommend itself by the removal of the staining objection: *Iodum resublimatum*, gra. xxiv; *acidum oleicum*, ad. oz. j; it is absorbed much more readily than the others, is very clean in its application, is very soluble, and can be used stronger if needed.—*British Jour. of Dermatology.* W. N. M.

ECHINACEA.—Echinacea is a remedy of great merit in many cases, especially in diphtheria, scarlatina and all others bearing the stamp of that kind of poison. I am now giving it a trial for cancer located on the face and nose, given internally as a blood alterative and also using it externally as a local application. When the case first came into my hands the left malar bone was very prominent and hard, veins about the eyes and cheeks much varicosed; ulcer in the cheek and also extending into the mouth, and occasionally some hemorrhage. Have made echinacea the principal remedy for external use, with distilled witch hazel and belladonna for face, tincture ferri and belladonna for the occasional bleeding, and echinacea and blood root for the internal treatment.

My aim is to give echinacea a trial in this dread disease. One month has made quite a natural face except the hole, but think the cavity is somewhat lessened. Keep the hole filled with absorbent cotton wet with the wash for the face.—*Dr. A. B. Woodward in Med. Brief.*

FALSE PAINS.—When a pregnant woman complains of pain the attending physician should, if possible, ascertain whether these pains are due to the commencement of labor or whether they are “false pains.” If it is full term and the labor does not progress recourse may be had to one of the following remedies: *Pulsatilla*, *coffea*, *nux vomica*, or *belladonna*. *Pulsatilla* is called for when the pains seem to be more in the small of the back, if the patient is chilly, no thirst, with some derangement of the stomach and the *pulsatilla* disposition. *Belladonna*, pressing down as if everything would protrude, pains come quickly and go quickly, pains of a tensive pressive character, face red. *Coffea* when the patient is highly sensitive and nervous, and *nux vomica* if the patient feels faint after each pain.—*The Medical Visitor.*

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PATHOLOGY OF THE PUERPERIUM.

II. HEMORRHAGES —One of the most dangerous and alarming sequences of parturition that occasionally manifests itself as a feature of puerperal pathology is hemorrhage. It probably stands foremost among the grave accidents of this critical period, and may occur, as is frequently the case, *immediately* after the termination of the third stage of labor. Again, under other circumstances, there may be no evidence, symptoms, or even suspicion of such trouble until several days or weeks of the puerperium has elapsed; often not occurring until involution has considerably advanced, and the woman up and about her ordinary duties of the household.

To that variety immediately following the birth of the placenta, or occurring within twenty four hours thereafter, the term *post-partum hemorrhage* has been given; while any loss of blood from the genital canal subsequent to this period, or at any time during the six weeks of involution is denominated *puerperal hemorrhage* proper.

Post-partum hemorrhage in most instances may be attributed to inefficient action of the uterus after the third stage of labor, and no doubt is often owing to ignorance, carelessness, or want of proper attention and management on the part of the medical attendant at this time. Spiegelberg, in referring to this subject, says: "The commonest cause of this grave accident is mismanagement of the third stage of labor, and severe post-partum hemorrhage is almost without exception the fault of the medical attendant." The vessels are without valves, and materially increase in size during gestation, so that at the time of parturition they become large open mouthed sinuses from which the blood flows uninterruptedly and in perfect torrents unless the retraction of the gaping vessel-mouths into the substance of the uterine muscle follows, and is promoted by means of the powerful organic contractility and involution of the uterus, by means of which the open, exposed and torn sinuses are mechanically closed. Thus one of the first and most important essentials immediately following the second as well as the third stage of labor is to palpate

deeply over the uterus to determine its condition and degree of activity; likewise this attention should always be observed finally just before taking leave of the parturient patient, in order to satisfy one's self that firm and substantial contractions have obtained.

The inaction or inertia of the uterus depends upon various causes. It may follow in the course of a difficult or prolonged labor, from which by the time the third stage is reached the patient is exhausted; likewise the power of contraction may be wanting owing to exhaustion or prostration as a consequence of too frequent child-bearing; again, it may depend on excessive uterine action during the first and second stages of the labor. Over distension, as from excess of liquor amnii, or plural pregnancy, is also quite likely to leave the uterus in a state of exhaustion and inactivity at the completion of the third stage. This condition is also very likely to follow in the event of constitutional disorders, as lesions of the heart, tuberculosis, disturbances of the liver, kidneys, etc.

In other cases the difficulty depends upon a lack of uniform involution, contraction only occurring in certain fibers, or over a circumscribed area of the uterus. While again the relaxation is owing to an apathy or temporary prolapsus of the uterus resulting from precipitate labor, or hasty and forcible delivery by the forceps.

Quite a common cause of post-partum hemorrhage is retention of small portions of placental tissue remaining partially adherent, and thus preventing the retraction of the exposed sinuses. This is almost certain to cause trouble, even though the offending particles are very small, and endangers alarming and often fatal flooding unless completely detached and removed. Thus the placenta should, under all circumstances, be carefully inspected, that we may be positively assured that it is intact and no part of it left in utero.

Another variety of post-partum hemorrhage is due to laceration of some part of the lower birth canal. Thus very severe bleeding may result from a laceration of the cervix or vaginal walls. Such an accident is usually owing to the injudicious use of the forceps.

That variety which occurs later, or *puerperal hemorrhage proper*, is due to vessels becoming exposed owing to detachment of particles of morbidly adherent placenta, often causing profuse and dangerous flooding.

In the event of post-partum hemorrhage, the first requisite is to determine whether the bleeding is owing to relaxation of the uterus, or comes from some laceration below. This can be readily determined by placing the hand over the abdomen and grasping the uterus beneath; if the hemorrhage comes from within the uterus it will be found relaxed, flabby, and non resistant; while on the other hand, if involution has begun the firmly resistant and contracting fundus may be clearly and unmistakably outlined, indicating that the hemorrhage depends upon traumatism at some other point.

The treatment of such hemorrhage must be prompt, heroic, and

energetic, and where it depends upon relaxation of the uterus, it must be directed to the induction of firm and vigorous contractions, as well as the removal of any retained and offending secundines. Administer at once one-half to three-fourths teaspoonful of Lloyd's ergot, and immediately begin Crede's manipulation. This in a majority of cases, together with the continued use of ergot, will suffice, unless partially adherent portions of placenta are retained, when they must be removed by the curette or the introduction of the hand into the uterus. The hemorrhage continuing or not yielding completely, the uterus should be relieved of all clots and secundal shreds, and thoroughly packed with iodoform gauze. This means, if properly followed, will control the flow. However, if the tamponade only includes the lower half of the *cavum uteri*, it will avail nothing, and likely result in a concealed hemorrhage. The use of hot douches will often excite contractions; cold applications have also been suggested, likewise the alternate use of hot and cold water. Among other measures might be mentioned the faradic current, compression of the aorta, as well as the intra-uterine injection of styptic agents.

In the hemorrhage following lacerations, the source or site of the same should be located, when the part may be sutured or controlled through compression by means of a tampon. Under all circumstances the patient should be kept absolutely quiet; the foot of the bed should be elevated, a light fluid or semi-solid diet and cold drinks only administered, the room darkened and all company excluded. A firm compress over the uterus beneath a properly fitting and well adjusted bandage, may be found in some cases a desirable adjunct to the general management and treatment of the case suggested. R. C. W.

EXAMINE THE URINE.

A proper diagnosis, and particularly a prognosis, may often be arrived at in many apparently obscure affections by a careful chemical examination of the urine. Too often the physician fails to recognize serious lesions which might be remedied by determining whether or not the kidneys are at fault. On the other hand, patients who declare that their kidneys are diseased because they experience pain in the back, may be assured of the fact that the renal apparatus is positively not at fault. A careless examination of a patient who insists upon believing his urinary apparatus diseased never pays the doctor in charge. Fortunately the serious diseases of the kidney or other diseases recognizable through urinary analysis, are detectable by very simple chemical tests.

The subject of urinalysis is a broad one, and as is the case with other studies in connection with human ailments, it has been burdened with a mass of material and tests of scientific interest only, and not of general and practical utility in office and bedside work. This is shown too well in the examination questions often brought out in State

board examinations. This useless (in the ordinary sense) multiplication of possible tests for various urinary constituents has only served to drive the physician further and further away from what might prove of immense aid to him in his practice. While students in our colleges are taught the principles of urinalysis and many of the tests, and are also allowed to demonstrate these tests, in many instances too much of this subject is taught, with the result of making it uninteresting and such a bug bear to the student, that he only half masters the subject, and when he begins practice he has no confidence in his ability to make satisfactory tests.

We contend that it is far better to be able to make a single reliable test for each of the various urinary constituents than to attempt to obtain a smattering of a great number to be forgotten as soon as the student passes the laboratory threshold. Day after day specimens of urine are sent to medical teachers for examination, when a few simple tests made by the sender would settle, and without expense and delay, the case in hand. We do not believe, however, that the quantitative analysis of urine is so necessary to the doctor, but the qualitative work is very essential to his success in practice. Hence the most delicate and peculiar tests are not always the ones required. He should familiarize himself with some common, easily performed and reliable method, and rest satisfied with it. If one is to examine for albumin or sugar, I do not see the value or propriety of wasting time in taking specific gravity, which only shows whether or not the urine is increased or diminished in density through the presence of some abnormal constituent. Taking the specific gravity is all right when endeavoring to make a complete scientific report concerning the urine. Better by far go direct for sugar with a sugar test, or for albumin with an albumin re-agent. These are what you are searching for, and why waste time over side issues?

For albumin in urine, the acetic acid test is the most delicate, but if the albumin be in small amount, it may dissolve the trace of the latter, and confuse by precipitating mucin. The nitric acid test, though less delicate, is reliable, and the two tests—the acetic and the nitric—ought to be sufficient for a certain diagnosis of the presence of albumin. A single test should not be relied upon, for a trace of albumin may be temporarily a constituent of the urine without signifying a diseased condition. Picric acid and ferrocyanide tests are useful, but are less valuable for practical purposes than those which have been mentioned.

While Boetger's test, phenyl-hydrazine test, fermentation tests, and Trommer's tests for sugar in urine are all valuable; the best test for practicing physicians, and one easily applied and easily remembered is the well known Fehling's test.

Test for excess of urea with nitric acid in the cold, when nitrate of urea will crystallize out. Test for pus with caustic potash, when, if present, gelatinization of the pus will take place.

These are the common substances sought for in pathological urine, and the tests referred to should be practiced by every doctor until he is thoroughly familiar with them. The only object in writing this brief note is to impress upon the practitioner that he is just as capable of making exact chemical examinations of the urine as any chemist, if he will only apply himself to the work; and lastly to enable him to rectify wrongs of the system referable to the improper excretion of the urine and its products, and in case of incurable conditions to enable him to arrive at a prompt prognosis, and incidentally to proper palliative treatment.

H. W. F.

ANONYMOUS LETTERS.

When a man seeks to do a thing he is ashamed to have known in connection with his name, he moves in the dark, or he writes anonymously. If he wishes to say something mean or untrue about a man, he will, if he has a certain streak of meanness in his make-up, write some friend of the man, make his charges, and then fail to sign his name. To speak mildly, 999 times out of a thousand, the fellow lies. If a lazy student is made study by a professor, and has in his make-up this peculiar quality common to the anonymous writer, he concocts some tale and writes to the dean of the faculty, signing perhaps "many students." The fact is, such letters are not signed by any student, for if the writer were a *student* he would have no reason to abuse the professor. A thousand to one, were the facts known, it would be found that every such letter comes from a shirk.

When some jealous person with a streak of the "anonymous" correspondent in his heart, gets jealous of a better man, or a man who qualifies himself exceptionally for his professional life, the result is an anonymous letter which carries in its lines the littleness, the meanness, the untruthfulness of the writer, and nothing else.

These examples might be multiplied were it necessary, for they are part of what comes to all men who either attain conspicuity or who have the responsibility of office. To become personal, as President of the Board of Trustees of the Eclectic Medical Institute, as a partner in a successful business house, as a man who takes an active part in professional and municipal affairs, as one who holds positions of trust which concern men in other walks of life, the writer has received numberless unsigned letters. Years ago they were read and more than once reflected over, but when it was discovered that as a rule the authors simply lied, and vilified better men, when it was discovered that the anonymous correspondent never writes for anything good or noble, or to benefit or improve any person or condition, the anonymous writer's letters were turned down. And now when the pile of letters that come to this writer's desk each morning are opened one by one, the signature is always sought first; if there be no signature, that letter is torn into shreds unread, and dropped into the waste basket.

And now a word to the professional man who worries over little things which, were he to pass lightly, might leave him free to think of those more important. This article is written by reason of the fact that a man who stands above reproach came to the writer worried beyond expression over an anonymous letter a person too sneaking or too mean to father had written him. What shall I do? he asked in distress. Give me the letter and I will show you, was the reply. Torn into bits it next rested in the waste basket where hundreds of such companions had gone before it. "That is what to do" was added; "now turn your thoughts to more profitable account, and cease to disturb yourself over the littlest of all little things, an anonymous letter." J. U. L.

ERYTHOXYLON COCA.

This relates to the leaves of a South American, and not to the leaves of *Theobroma cocoa* from the seeds of which chocolate, the well known beverage, is made. It is said that more than eight millions of people in South America use coca leaves much as we do coffee and tea. A free use of them sustains the users in arduous labors and prolonged journeys, and prevents hunger and fatigue. Its effects are something like those of coffee or guarana, but they are much more powerful. The chief source of action in coca leaves is no doubt due to the alkaloid cocaine which they contain in varying amounts. We propose to confine this paper to the use of the leaves, and make the alkaloid the subject of a subsequent paper.

The dried leaves, especially when powdered, are rather an uncertain quantity, the dose being two to four drachms, either chewed or as an infusion. A number of fluid extracts—alcoholic, vinous, and aqueous—are upon the market. They vary as to strength and usefulness. Specific coca is the standard, and the dose of it is from five to thirty drops in water every one to three or four hours. It is an alcoholic preparation of the whole leaf, and contains an oil that is precipitated when the specific medicine is added to water.

All erythoxylon preparations should be used with caution—indeed, with very great care—as the cocaine habit is, of all drug habits, the most loathsome, and its formation is most easy and insidious. We sometimes hesitate to use or recommend the use of the drug for fear of encouraging its being used carelessly, and thus indirectly aid in the formation in some one of this torturing affection. It is formed most frequently from the use of cocaine, the alkaloid, though we have seen a case or two from eating the leaves.

Coca is classed as a tonic, stimulant, restorative, and cerebral excitant. It increases the secretion of gastric juice, and stimulates innervation, respiration, circulation, and digestion. It diminishes all of the secretions, and especially the elimination of urea. This may be because of the diminished tissue waste. Coca produces an artificial strength and endurance that is later dispelled, leaving the patient a wreck.

The action of coca is enhanced by caffein, cerebral stimulants, and narcotics. It is antagonized by waste-increasing agents, and it is incompatible with metallic salts and the mineral acids.

As a remedy, coca should be considered and thoroughly studied in the treatment of gastro-intestinal debility, in exhaustion either mental or physical, and in an enfeebled condition of the nerve centers. It may be used with satisfaction in some cases of indigestion or dyspepsia, in gastritis and in stomatitis. It is an excellent tonic and restorative in convalescence from acute exhaustive diseases; it lessens waste and stimulates repair, and cheers up the phthisical and those who are cachectic and afflicted with wasting disease of any kind. It makes them feel good and gives them courage. It is frequently a remedy in some of the minor digestive ills, like colic, flatulency, enteralgia, etc.

Coca may be a boon or a curse to the neurasthenic, and those who have insomnia, morbid depressions, and gloomy forebodings. It may be given with satisfaction in hysteria, in hypochondria, in migraine, and in neuralgia; in nervous erythema and nervous sick headache, and the irritability, mental and functional, that follows over-indulgence; it is frequently an excellent remedy in chorea, in spinal irritation and in idiopathic convulsions. It has been recommended as a cure for asthma. Full doses for immediate effect might be allowable, but we would be afraid to continue its use for any great length of time. It is recommended as an antidote to the opium, morphia, alcohol, tobacco, and coffee habits, and other morbid cravings. We do not believe its use for these is justifiable. The risk of substituting cocainism is too great. Some of the greatest wrecks we have seen in mortal man were those who use both morphia and cocaine in combination. Save us from creating such a hellish appetite in any fellow creature. It has been highly recommended as a remedy in certain cases of vomiting in the pregnant woman, and in other reflex vomitings, and for the emesis of yellow fever.

Coca has some reputation as an aphrodisiac, and in the treatment of functional impotence, and in spermatorrhea. We know that the lower half world, both male and female, furnishes the big majority of the "cocaine fiends." Whether they begin its use as a whip to the flagging powers, or because it puts them in a state of sweet forgetfulness, we can not say, but we opine that its value as an aphrodisiac is not sufficient to pay all risks.

Coca is said to be a great help in relieving the thirst of the poor diabetic, and in satiating the insatiable hunger of the insane and of the epileptic. Our experience in some of these lines is limited, but we would be glad to learn through others who have used it to a greater extent. We might add that over-doses produce cerebral congestion, hallucinations, wild excitement, and delirium—insanity, W. E. B.

CACTUS AND PULSATILLA.

We wonder if JOURNAL readers generally get all the good there is in specific cactus. How many think of it only as a heart remedy, and prescribe it only when "heart disease is suspected." Of all the remedies that *directly* and specifically influence the heart, cactus is perhaps the least active. Its action even in heart troubles is upon the sympathetic, and through it it influences the whole organism. It quiets the heart, whether it be the prime cause of the trouble or whether it be a fever, or an inflammation of any organ, or a functional disturbance of some sort. Cactus is neither stimulant nor sedative to the temperature, but it puts a brake on the nervous system and brings order out of excitement. The cactus patient is nervous, restless; there is more or less pain and oppression in the chest—an unpleasant sensation over or about the heart region; the pulse is feeble or feebly irritable, jerky, nervous. The patient is *nervous*.

Now the key-note for another remedy is "nervousness," within certain limits. It is pulsatilla. Well, do you know it, cactus is the handmaid of pulsatilla? Nine times out of ten your pulsatilla patient has a genito-urinary trouble, and the symptoms run much in the cactus line. I have heard excellent practitioners say that they always combine cactus and pulsatilla. Now, we are not so sure that this is the proper way to do; nor are we positive that we can pick upon sight the cactus and the pulsatilla case, one from the other, and we confess that to make a sure shot we frequently—yes, very often—alternate the two, and results are as desired. We would be glad to have JOURNAL readers send us their experiences with the two drugs. Study them separately and in combination, and report to the JOURNAL. Certain it is that they are both excellent remedies—pleasant to take, effective. We usually prescribe doses beyond those upon the label, seldom giving less than one drop, sometimes as much as two or three, every one to three hours. Is this necessary?

W. E. B.

CHRONIC PROSTATITIS.

One of the results of growing old, to many men, is the chronic enlargement of the prostatic gland, attended by difficulty of urination, and the physician is consulted perhaps more frequently by aged men for this particular trouble than for all others combined. How shall we treat them?

There are three methods, each of which in its turn promises relief: medication, galvanism, and surgical.

As every patient shrinks from even the appearance of an operation, we first resort to internal remedies. Saw palmetto ranks first in the list, and should be given in from one to five drops every three to five hours. Unless very great structural changes have taken place, this will be found very efficacious. Sanmetto, which has had such a large sale in recent years, most probably owes what efficacy it possesses to the saw palmetto which it contains.

This remedy adds tone to the gland and relieves a great deal of the irritation that attends chronic enlargement, allowing the urine to escape more freely and without the tenesmus that usually attends micturition.

Thuja is another agent that will be found efficient in incontinence in elderly persons. When the urine is passed with difficulty and attended by frequent plugs of bloody mucus being expelled, our best remedy will be agrimony, one to five drops in a little water every three or four hours. When, however, the enlargement becomes so marked that remedies fail, then galvanism will often afford great relief, and even effect a permanent cure. The urethral electrode attached to the positive pole should be passed into the prostrate portion of the urethra, while the patient holds in his hand the negative pole. This failing, the only and last resort is the knife.

R. L. T.

MIGRAINE, HEMICRANIA, NEURITIS OR SICK HEADACHE.

Migraine or sick headache is a paroxysmal affection, characterized by pain in the head associated with nausea and vomiting. This is a very common affection, it occurs most frequently among brain workers, but is found in all classes and in all climates. Migraine is a disease of youth and early adult life but is occasionally found in childhood and in old age.

In some cases migraine may alternate with epilepsy, the attack of sick headache taking the place of the epileptic paroxysm, but there is probably very little truth in the statements of some writers who claim that migraine is minor epilepsy, and if the patient did not have migraine he would have epilepsy. As a rule, persons subject to sick headache have no mental deficiency, but are frequently above the average in intellectual ability. Heredity is a potent factor in the etiology of migraine, and if a history of the disease itself is not found in the ancestry the presence of some other nervous derangement, such as hysteria, neuralgia, neurasthenia, chorea or the like, is probable.

Among the exciting causes of migraine may be mentioned dietary indiscretions, excessive emotional excitement, unhygienic surroundings and exhaustive mental or physical labor. Some individuals always suffer from an attack of sick headache if they remain in bed beyond the usual hour of rising; others are sure to have an attack after railroad or boat rides.

There may be certain premonitory symptoms by which the experienced patient is aware that an attack is impending; these are a feeling of dullness and stupidity, dimness of vision, diplopia, flashes of light and thickness of speech, a staggering gait, and numbness in the hands and feet. There will be eructations and flatulence preceding the attack; the pain in the head usually comes on in the morning, gradually growing more distressing and intense until fully developed. There is now an agonizing, pulsating pain, which at first confined to

one side of the head spreads to the other. The special senses become abnormally acute; bright light, noises, or jarring and jolting of the body augment the pain, while odors, especially of food, disgust and nauseate the patient; vision is impaired and illusionary images and flashes of light appear; the sight is blurred and double vision is common; the pupils may be dilated or contracted, the face flushed or pale, there may be pallor or flushing and sweating; the symptoms gradually increase in severity until vomiting occurs, which may be followed by diarrhea; the vomiting may recur at intervals for some time. The pain is always more intense just before and is temporarily relieved by vomiting. The patient finally passes into a sleep from which he awakes feeling refreshed. The nervous storm usually clears the neural atmosphere, leaving the patient improved both mentally and physically. The attack lasts from eight to twenty-four hours and is not always accompanied by vomiting. There is great variation in the symptoms both as to duration and severity. The frequency of the paroxysms varies from once a week to once in a month or two. Some females are subject to attack of migraine at the menstrual period. As a rule the attacks diminish in frequency as age advances, finally disappearing.

The prognosis is favorable as to life, but somewhat doubtful as to permanent cure.

Diagnosis.—Gradually increasing pain, increasing in severity, usually accompanied by nausea and vomiting.

Treatment.—Sometimes a glass of hunyadi water taken when the prodromal symptoms appear, will abort the attack. Or a brisk cathartic the night before will prevent the full development of an attack of migraine. The podophyllin and hydrastia pill taken regularly at bed time will defer the attacks for a long time. Cascara cordial taken teaspoonful after each meal has been found efficient in keeping off the attacks. Sometimes migraine is caused by sleeping in a stuffy, close and insufficiently ventilated bedroom; the patient's habits should be looked after and over eating should be advised against, also too rapid eating and insufficient mastication. Business men are often too hurried to pay attention to the ordinary hygienic requirements of life, the neglect of which induces not only migraine but other nervous disorders. Regular and healthy habits should be induced and the patient's general health improved in so far as possible, when, although the sick headache may occur at long intervals, it will not be so severe or prolonged. Eye strain is responsible for a large number of migraine attacks; the correction of this will be followed by permanent cure; it is well to have the eyes tested by a competent ophthalmologist in the beginning of the treatment. Sometimes the following prescription taken in the beginning has prevented the development of the attack: Phenacetine grs. 15, codea gr. 1, menthol gr. 1, divide into three powders, one every hour. Ten drops aromatic spts. ammonia in a wine glass of water will frequently relieve the flatulence and nausea

of sick headache and ameliorate the pain. In cases where there is pallid face, feeble pulse, cerebral anemia, guarana in ten drop doses is beneficial. Lobelia to emesis will in the beginning frequently abort sick headache, but for the most part the attack when well begun will run its course, and treatment must be given in the interparoxysmal period for the prevention of the paroxysms.

L. W.

CAPSICUM IN FEVERS.

It is undoubtedly true that many of our simplest agents are the most efficient agents—efficient in the sense that they do good or aid other remedies to do good, and in doing so exert no detrimental effects of their own. For some time I have been using in troubles referable to the stomach and bowels specific capsicum. In sluggish stomach troubles, with a lifeless-looking tongue, a mawkish odor of the breath, glutinous condition of the mouth, and gastric distress for two or three hours after partaking of food—all a picture of inactivity of the digestive tract—no remedy that I have ever employed acts as efficiently and promptly as capsicum. Very often it gives added activity to nux, or hydrastis, or both. It overcomes the tendency to gaseous distension of the stomach and bowels and the consequent distress due to the stretching of the digestive tube. While it is thus useful in sluggish gastric digestion in ordinary atonic indigestion and dyspepsia, it is even more useful during the course of fevers, and particularly during typhoid fever. Tympanitic distension of the abdomen is a rare complication in typhoid fever, when capsicum forms a part of the treatment. We have seen repeatedly the dry tongue with brown coating and glutinous buccal membranes clean up and moisten so quickly under this agent that we could not help but marvel at the direct action of the drug. With such action under observation, it seems impossible for one to be anything but a believer in the specific action of drugs when rightly applied. Moreover, it not only improves the digestive tract throughout, but temperature comes down, and best of all, the unpleasant nervousness so common to this class of fevers is allayed, and the patient acquires a sense of well-being and rest that we have not seen produced by any other drug. And all this is done by the small—the fractional dose—the teaspoonful of the solution of 10 to 15 drops to 4 fluid ounces of water. Try it, doctor, if you have never used it, and be convinced of its value. The indications are marked nervous depression, tendency to capillary stasis, dry harsh tongue with brown coating, scanty and glutinous buccal secretion, tendency to tympanitic distension, cool extremities, and gastric uneasiness. Furthermore it has given added efficiency to quinine in malarial troubles, and both, in small doses with hydrochloric acid, have given excellent results in rheumatism of malarial origin, coming on periodically.

H. W. F.

THE TREATMENT OF TUBERCULOSIS.

Synovial tuberculosis, where it affects a single joint, as of the knee, and is of several months duration, is easily diagnosed as tubercular lesions instead of rheumatism, as rheumatic lesions generally affect more than one joint, and, as a rule, there are periods of time in which the rheumatic lesion entirely subsides. This intra-articular effusion should be aspirated, and a ten per cent. solution of iodoform emulsion injected, to fairly take the place of the tubercular fluids withdrawn.

The limb may be immobilized with plaster paris dressing, and again subjected to the iodoform emulsion injections every three or four weeks until recovery takes place. If fibrinous deposits should be inclined to immobilize the joint, I advise careful manipulation after the injection, for the purpose of disseminating the medicated fluid.

Again, the treatment of tuberculosis consists in the removal of the infected tissue. Especially is this true in those cases where there are glandular enlargements, or where there has been an invasion of a tubercular micro-organism into the synovial, or into the osseous structure.

Another method of dealing with tubercular lesions consists in opening into the field of invasion, and under antiseptic precautions, washing and sterilizing the parts. Especially does this hold good in cases of tubercular peritonitis. It has been the work of the writer in tuberculosis of the peritoneum, to open the abdomen and flush it out well with normal saline solution, after which the parts are wiped with a ten per cent. iodoform gauze, and the incision closed. I do not pretend to say how the recovery is brought about in these cases, as many of them have made complete recoveries following exploratory incisions where there was no medication used whatever. Possibly the explanation may be made in the change of the nutrition through the impress on the great sympathetic plexus.

L. E. R.

FRACTURES OF THE SKULL.

I wish to enter an earnest plea for the better consideration and treatment of injuries of the skull resulting in fractures of the osseous vault; and if I should make the assertion that there is no injury to the human osseous structure, which is subject to so much mal-practice as the treatment of fractures of the skull, I hope you will not fail to understand the importance which I wish to elicit in the treatment of injuries to the scalp and skull by the average practitioner in the medical profession.

Fractures of the skull may, for the sake of convenience, be divided into those of the vault and base, and further subdivided into those of the outer and inner table, either simple or compound. The skull varies so in thickness and strength in different individuals that no fixed rule can be given as to the amount of force which should resist under any given amount of external violence. That which would be sufficient

to interrupt the continuity in one person, might be perfectly resisted by another ; and that force which might produce in one case a simple fracture of the vault beneath the part receiving the violence, might in another case produce a fracture on the opposite side of the vault *contre coup*.

The elasticity of the bones of the head in the young person, under the impress of a blow, might produce a depression in the outer table of the skull, with a severe fracture of the inner table, and injury to the membranes. While in an older person the extensive damage to the bones might be manifest in the outer table, with no especial lesion of the inner. While in the middle aged, there may be little damage done to the outer table, showing possibly a linear fracture ; while the inner table may be splintered, spiculæ driven through the membranes into the brain tissue. Fractures of the vault may be only simply fissures, extending out through the seat of the lesion, stellated, comminuted, or compound, and produced by direct violence ; while fractures of the base are generally produced by a fall upon the head, or a severe blow, without giving much warning of the dangers or fatal condition, and are generally manifest by hemorrhage from the ears, eyes, nose or mouth, and a condition of shock or concussion which should be a warning to the physician of the grave nature of the injury.

In all cases in which the surgeon is called to attend an injury of the scalp or skull, let him approach the case with more consideration for the treatment of a serious lesion, and he will never have to regret, in the further consideration of the case, that he has been guilty of malpractice, or failed to take in the proper conditions of the injury. The scalp should be carefully scrubbed and shaven in all cases, as the tissue is of such a nature that it tends to retain dirt, bacterium, etc., and is a fertile field for the development of sepsis. After the thorough sterilization, if the injury to the scalp is in the nature of a contused, lacerated, or incised wound, then it becomes the duty of the surgeon to thoroughly investigate the osseous structure immediately underlying the field of injury. Let him not be in haste to close the scalp wound, till he has made a thorough examination of the osseous structure as above suggested. If the edges of the scalp are ragged, the bistory should be used to transform the lacerated edges into that of an incised wound, which, when properly done, the edges will nicely approximate each other, and can be carefully coaptated with intradermic silk-worm sutures, after the parts are thoroughly and aseptically treated.

In those cases in which the periosteum has been partly torn, it is well enough to carefully examine for fractures and depressions by a careful raising of the periosteal tissue. The habit to which I wish to call attention of closing the scalp wound without a careful investigation at the time of the primary dressing is of so much importance, that I wish to enter my protest, and make my plea as strong as language will permit, against speedy closure of scalp wounds, without

the utmost care in the examination of the lesions to the bony structure. I believe many cases prove fatal and many persons are made invalids for life, or that which is a thousand times worse, become insane, through the improper care of the injury at the primary dressing.

L. E. R.

WOOD ALCOHOL.

"Little Rock, Ark., Jan. 3.—Four prominent farmers of Searcy county are dead as the result of drinking wood alcohol at a holiday gathering. The dead are: W. C. Baker, of Point Heter; Alfred, John and James Dickey, of Cave Creek. Ten others who were in the party and drank the same liquid are seriously ill, several being at the point of death."

The above clipping calls to mind that the drinking of wood alcohol and deaths therefrom are becoming altogether too frequent. It seems as though steps should be taken to prevent it. The fact is, drinking people drink dilute grain or sugar alcohol. The aristocrat takes it as a carbonated beverage called champagne, the most harmful of the alcohol beverages. The beverage known as wine comes next—an alcoholic liquid bearing ethereal oils, cream of tartar, and if red, an abundance of astringents. Then comes brandy and whisky, the first a distillate of wine bearing the ethereal oils, the second a distillate of starch fermentation bearing a different line of ethereal oils, one being fusil oil. Then come beer and ale, fermented coarse alcoholic drinks carrying extractive matters of the stuffs used in brewing them. From first to last these are *alcoholic*, and were the object to consider all the alcoholic beverages, the list might be greatly lengthened.

But these are all *starch or sugar* alcohol, not *wood* alcohol, and it may be said that wood alcohol never has been a beverage, strong or dilute, and probably never will be. It is a poison, and should not be sold under the name *alcohol*. True that chemists classify it as alcohol, methyl alcohol, but so do they classify other substances (for example the poisonous fusil oil) as alcohols. There is no more excuse for labeling methyl alcohol wood alcohol in commerce, than for labeling fusil oil *amylic alcohol*. In commerce wood alcohol might be called *methyl spirits*, and thus escape the danger of poisoning the *alcohol* drinkers. Should an argument be made that the term spirits reminds one of a beverage, the reply might be that spirits of turpentine is not taken as a beverage; but in case it is necessary, the word spirits might be dropped and *wood* added, thus making the name *methyl wood*—not a very systematic name but better than alcohol.

And this reminds us that not a great while ago a few men advocated the use of wood alcohol in medicine, and some even went so far as to prepare tinctures by using it instead of grain alcohol—a thing no reputable pharmacist would do now.

J. U. L.

THE JEALOUS MAN.

The time was that a word in a medical journal concerning aught but medicine would have been considered as being out of place. And this writer considers still that an exceptionally long paper on an outside subject should be exceptional. But a tersely put thought from one who has observed or studied human life and the methods of men, is not an intrusion, for physicians are not free from the problems of common life. The great problem is how to best serve our friends and one's self—how best to utilize the time we call life. And with this thought in mind the fact uprises before us that discontent is indicative of unhappiness, and that the unhappy man is unpleasant company. And in studying people it is to be further observed that discontent comes largely by reason of jealousy, although few discontented men are willing to admit as much.

If the man who growls and snarls and makes life miserable to his friends and himself, will stop and think, he will probably discover that he is jealous of this man for one thing, and that man for another. He will probably find, if he will carry his thought far enough, that he gets no comfort out of his own blessings, they are lost in the envy he bears to others. He is jealous of that man's position in society, of that man's wealth, of that man's business. Listen to him talk about these men: the first is "codfish," the second "hasn't a soul as big as a copper," the third—"well, the least said about him the better." And so the jealous man goes on, hunting an opportunity to misjudge some friend, seeking a chance to hurt an acquaintance, creating in his own mind an antagonistic sensation which, cultivated to the extreme, begets a bitter spirit, and makes unpleasant company of one who is gifted and blessed with talents that, were he not jealous, might make him loved and admired by all who know him.

About the only thing this writer finds to envy in another is capacity for work and health to do it with. And in his opinion, the jealous man who has the comforts of life, health to work, and work to do, wrongs himself when he permits himself to become discontented.

J. U. L.

**MEETING OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION
AT CHATTANOOGA, TENN., JUNE 18-20, 1901.**

The next meeting of the National Eclectic Medical Association will be held at the above time and place.

We had the pleasure of visiting Chattanooga recently, and in company with Dr. J. R. Duval, of Atlanta, Ga., looked the ground over, and would frankly say, it is a marvelously picturesque place indeed, as regards natural scenery, while many other conditions conspire to make it also a very interesting place. It is the scene of some of the most famous battles in history. Chickamauga National Military Park is the greatest military park in the world. The National Cemetery,

Orchard Knob, and Missionary Ridge, are places every American should see without fail.

We have the promise of Lookout Inn, on the summit of Lookout Mountain, at the very reasonable rate of \$2.50 to \$3.00 per day, with place of meeting in the Assembly Hall of Hotel. This beautiful and imposing structure, 365 feet long with 400 rooms, built of red sandstone and finished in quartered oak, is luxuriously appointed, with a dining room seating capacity of 350 persons. It is 1700 feet above the city of Chattanooga and 2500 feet above sea level. In June, both days and nights there will be delightful, pleasant and cool, and the views from the mountain are commanding in the extreme. Henry M. Stanley, the African explorer, said, "This is the most magnificent view in the world."

Lookout Inn is high above all noise and disturbance of the city, as quiet as a forest retreat, where only the hooting of an owl, or the echo of your own voice breaks the sweet melodies of nature's music. It is only thirty minutes ride from the center of the city, connected by an incline 4800 feet long and rapid transit cars.

We shall have more entertainment than the regular sessions of the society will allow, during the three days' meeting, so you had better come prepared to stay about a week.

Texas promises a fine delegation. Georgia and Tennessee promise us a grand welcome indeed. We shall certainly have the best meeting in the history of the Association. You cannot afford to be absent from this meeting, so come promptly on time, and prepared to stay the three days session, and you will be accorded such a large southern welcome that you will always remember with pleasure the meeting of the National at Chattanooga. E. LEE STANDLEE, M. D. President.

CLUB RATES FOR 1901.

In response to a demand from many of our subscribers, we have decided to renew our old offer as follows:

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Iodozen, when mixed with powdered boracic acid in the proportion of 5 to 10 per cent. and used by insufflation, is of value in post-nasal catarrh and ulcerated conditions of the throat, but in specific lesions it is advisable to apply Iodozen pure, in order to produce the necessary antiseptic impression.

A useful dusting powder for the chafing of infants is made by combining Iodozen 5 per cent. with powdered starch—in erysipelas, Iodozen may be advantageously applied to the inflamed surface undiluted.

Combined with vaseline or lanoline, Iodozen forms an ointment of general utility as a healing application, and for the relief of pruritus ani and vulva, hemorrhoids, prostatic irritation and gonorrhoea, in which affection it may be used as an injection.

Additional therapeutic applications:

Acne Rosacea	Eczema of auditory canal	Prurigo
Atrophic Rhinitis	Excoriations	Suppurating Lupus
Adenitis chronic	Enlarged Spleen	Suppurating Buboes
Arthritis	Goitre	Scrofuloderma
Abrasions	Hemorrhoids	Sycosis
Abscesses	Impetigo	Sunburn
Burns	Irritation of the skin	Septal ulceration,
Balanitis	Ozæna	syphilitic or traumatic
Catarrh	Otorrhoea	Tinea tonsurans
Carbuncle	Post-operative wounds	Ulcerated surfaces
Chancre	of nasal cavities	Urticaria
Chancroid	Pemphigus	Varicose ulcers
Eczema	Phagedena	Wounds

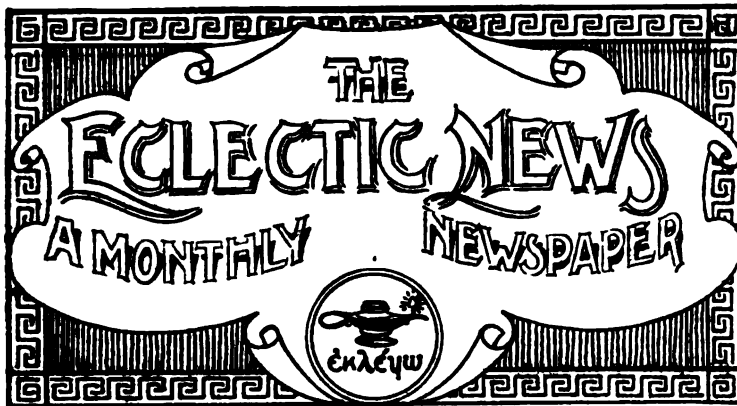
ODOZEN is put up in once ounce vials. IODOZEN OINTMENT in one ounce collapsibl^e tubes, and in screw-top jars in quantities to suit.

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VOL. VII.

FEBRUARY, 1901.

No. 2.

BOOK NOTICES.

THE TREATMENT OF FRACTURES. By W. L. Estes, M. D. Illustrated.
New York: International Journal of Surgery Co. Cloth, \$2.00.

There is nothing so wearisome to the novice in surgery as fractures and dislocations. Abscesses and like troubles may be illy treated, and useless members may be cut off with ease and impunity; but it requires a surgeon to deftly reduce a luxation or manage a broken limb. Years of experience ripens one for this work, and makes of him an authority. Dr. Estes' fifteen years' hospital work among the miners and railroad men fitted him for the task of writing such a book. He places particular stress upon his own original ideas as to treatment, though modern authorities are not ignored. The book is not cumbrous, nor is it a compend. It is alike valuable to the student and practitioner. The so-called "surgeon" may study it with interest and profit.

W. E. B.

MODERN MEDICINE. By J. L. Salinger, M. D., and F. J. Kalteyer, M. D. 8vo, 800 pages, illustrated. Philadelphia: W. B. Saunders & Co. Cloth, \$4.00.

Of the many works on the Practice of Medicine that have been published in the past five years, this work will rank as one of the best. "Modern" is up to date in every particular, yet divested of long, unnecessary sentences in the presentation of the subject. There is an absence of padding in the work. This is one of the late works the doctor should have on his table.

R. L. T.

THE ECLECTIC REVIEW.—We are pleased to announce the reappearance of the Eclectic Review, which will be a monthly journal devoted to Eclectic Medicine & Surgery, under the editorial management of Dr. Geo. W. Boskowitz, assisted by the Faculty of the Eclectic Medical

College of the City of New York. Number 1 of Vol. 4 bearing date of January 15, 1901 is before us. It is a neat journal, royal octavo in size with 28 pages of reading matter devoted to editorial notes, several original articles of merit, a special department on Specific Medication and selections from other journals. It is the intention of Dr. Boskowitz to enlarge the Journal later on. We wish the new Journal every success. Its subscription price is \$1.00, and it will be sent at club rates in connection with our Journal on receipt of \$2.85 for both journals.

THE LOVE OF LANDRY. By Paul Lawrence Dunbar. 12mo, 200 pages. Cloth \$1.25. Dodd, Mead & Co. publishers, New York.

This is a short novel of western out-door life and love on a Colorado ranch. The heroine is a fashionable New York girl who had been ordered to Colorado for her failing health—a consumptive tendency.

She meets her hero, Landry, a cowboy—love and marriage the inevitable result.

It is a very pleasant love tale, but little more than that.

COLLEGE AND SOCIETY NOTICES.

SECTION OFFICERS

For the Meeting of the National Eclectic Medical Association at Chattanooga, Tennessee, June 18-20, 1901.

SECTION I.—MATERIA MEDICA AND THERAPEUTICS.

Chairman, Lee Strouse, 411 Scott St., Covington, Ky.; vice-chairman, A. W. Vincent, Valparaiso, Ind.; secretary, James Hervey Bell, 243 East 31th St., New York City.

SECTION II.—PRACTICE OF MEDICINE.

Chairman, J. D. McCann, Monticello, Ind.; vice-chairman, G. R. Shafer, Peoria, Ill.; secretary, W. S. Latta, 1116 L St., Lincoln, Neb.

SECTION III.—SURGERY.

Chairman, J. R. Duvall, 101½ Whitehall St., Atlanta, Ga.; vice-chairman, David Williams, 196 East Long St., Columbus, O.; secretary, L. S. Downe, Galveston, Tex.

SECTION IV.—ORIFICAL SURGERY.

Chairman, J. M. Park, M. D., Hot Springs, Arkansas; vice-chairman, C. W. Fitch, 640 Madison Ave., New York City; secretary, M. A. Carriker, Nebraska City, Neb.

SECTION V.—GYNECOLOGY.

Chairman, E. H. Stevenson, Ft. Smith, Ark.; vice-chairman, L. E. Russell, The Groton, Cincinnati, O.; secretary, W. N. Holmes, Milan, Tenn.

SECTION VI.—ORTHOPEDIC SURGERY.

Chairman, Edward J. Farnum, 103 State St., Chicago, Ill.; vice-

ECHAFOLTA

THE BEST REMEDY
IN ALL

SEPTIC CONDITIONS.

"During the recent summer, I believed I saved the life of a little negro boy by the use of Echafolta and this remedy alone. He was about four years old, and his surroundings were of the most unsanitary character and his nursing the poorest imaginable. In spite of these unfavorable conditions he recovered after an exhaustive disease lasting more than two months. The trouble began very much like a case of continued fever, but of a low type. He continued to get worse and about the second week experienced an alarming condition approaching collapse. The heart action became very feeble and intermittent. Following this depression came an exhaustive diarrhea of a choleraic character. I easily controlled this diarrhea with rhus aromatica. At this juncture septic infection became evident and the lungs were involved with a pneumonia of quite pronounced severity. I then began administering ten-drop doses of Echafolta. This had the effect of mitigating the symptoms considerably, and in a few days his condition was so much improved that I stopped the remedy, and then the symptoms became greatly aggravated. I again resumed the Echafolta, when a complete change for the better took place, but it was followed by another profuse diarrhea and I discontinued the Echafolta and again controlled the diarrhea with rhus aromatica. At this stage of the disease (third week) circumscribed, inflammatory swellings appeared on various parts of the body. These were sluggish, and, at first, quite painful, but soon developed into abscesses and would break spontaneously, discharging a sanious and offensive pus. The abscesses continued throughout the course of the disease (ten weeks) and numbered at no time less than six, appearing chiefly near the joints, on the neck, in the groin, on the back and one on the scalp. Feeling convinced at the time that Echafolta was the only remedy administered that seemed to hold the disease in check, I put him on ten-drop doses every three hours and kept him on it until complete recovery took place. From what I observed in this case I believe that the boy could not have lived without the remedy, for whenever it was discontinued he became alarmingly worse, and whenever it was resumed, his condition became better so promptly that I could attribute it to no other cause. The boy to-day is strong and hearty and shows no ill effects of his serious illness."

H. W. FELTER, M. D., Cincinnati, Ohio.

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"OUR SPECIFIC MEDICINES are to-day, as they always have been and always will be, the BEST MEDICINES in the world, and the foundation stones, upon which the superstructure of Eclectic Medicine has been built, and upon which it rests unshaken."

EDITORIAL FROM E. M. JOURNAL.

chairman, L. J. Whitney, 265 Main St., Unadilla, New York; secretary, Elwin Younkin, 3035 Lucas Ave., St. Louis, Mo.

SECTION VII.—PEDIATRICS.

Chairman, W. H. Halbert, Nashville, Tenn.; vice-chairman, M. E. Daniel, Honey Grove, Tex.; secretary, William L. Leister, Rogers, Arkansas.

SECTION VIII.—OPHTHALMOLOGY, OTOTOLOGY, AND LARYNGOLOGY.

Chairman, Geo. W. Johnson, 104½ East Houston St., San Antonio, Tex.; vice-chairman, Kent O. Foltz, 105 Odd Fellows' Bldg., Cincinnati, O.; secretary, M. B. Ketchum, Richard's Block, Lincoln, Neb.

SECTION IX.—OBSTETRICS.

Chairman, A. L. Clark, 106 Spring St., Elgin, Ill.; vice-chairman, Jerome M. Keys, Cor. Dodge and 16th Sts., Omaha, Neb.; secretary, Robert C. Wintermute, 129 W. 7th St., Cincinnati, O.

SECTION X.—NEUROLOGY AND PATHOLOGY.

Chairman, Lyman Watkins, Blanchester, O.; vice-chairman, H. T. Webster, 1010½ Washington St., Oakland, Cal.; secretary, J. G. Sexton, 101½ Whitehall St., Atlanta, Ga.

SECTION XI.—SPECIFIC MEDICATION.

Chairman, W. E. Kinnett, Yorkville, Ill.; vice chairman, John Fearn, 1065 Clay St., Oakland, Cal.; secretary, William Collins Hatch, New Sharon, Me.

SECTION XII.—PHYSIOLOGY, SANITARY SCIENCE AND HYGIENE.

Chairman, Nathan L. Allen, 184 Boylton St., Boston, Mass.; vice-chairman, M. H. Logan, 10 Geary St., San Francisco, Cal.; secretary, T. W. Miles, Cor. 17th and Stout Sts., Denver, Colo.

SECTION XIII.—SPECIALTIES AND SPECIAL TOPICS.

Chairman, A. B. Young, Brownsville, Tenn.; vice-chairman, M. J. Rodermund, Appleton, Wis.; secretary, Frederick W. Abbott, 72 Broadway, Taunton, Mass. Per order of the President,

PITTS EDWIN HOWES, M. D., Recording Secretary.

PRIZE ESSAYS.

The National Eclectic Medical Association offers a price of \$100.00 for an essay, and will publish it, with the four next in merit, in the Transactions of the Association. The following rules to govern:

The essayist to be a member of the National Association, or one of its Auxiliaries, State or local.

The essay to be on Materia Medica, Specific Therapeutics, or Eclectic Practice of Medicine.

The essay to contain between four and six thousand words, and to be in the hands of the Committee by May first.

G. W. BOSKOWITZ, NEW YORK.	} Committee.
R. L. THOMAS, CINCINNATI.	
FINLEY ELLINGWOOD, CHICAGO.	

The annual meeting of the Indiana Eclectic Medical Association will be held at Marion, May 8 & 9. Dr. S. T. Laycock is President, Dr. J. D. McCann, Rec. Sec'y, and Dr. M. F. Baldwin of Converse, is Corres. Secretary, and he is now hustling for a large meeting. All of the Indiana Eclectics should make a strong effort to be present at this meeting.

The Eclectic Examining Board of Florida meets twice a year in November and April. Examination fee \$10. Examination embraces the seven fundamental branches. For particulars address Dr. Hiram J. Hampton, 1805 Florida Ave. Tampa, Florida.

PERSONALS.

Dr. J. C. Andrews, E. M. I. '68, is located at Edgewood, Cal.

Dr. G. E. Lingle, E. M. I. '92, has returned to his first love, Green Camp, O.

Dr. J. A. Monroe, E. M. I. '82, is a fixed fact at 2713 Goff St., Wheeling, W. Va.

Dr. H. L. Kampen, E. M. I. '93, of Kirkwood, Ill., writes us of two excellent locations waiting for eclectics near him. They are both very good small-town places, but money is in sight.

Dr. E. E. Bechtel, E. M. I. '97, Homerville, Medina Co., O., will be glad to direct an eclectic or two to excellent locations.

Dr. K. M. Ellsworth, E. M. I. '99, is hustling at a lively pace at 622 N. Main St., Dayton, O.

Dr. T. W. Miles, E. M. I. '75, continues one of the most prominent physicians at Denver, Col.

Dr. H. M. Campbell, E. M. I. '89, is still up at Parkersburg, West Virginia.

Dr. L. N. Yost, E. M. I. '95, is doing exceedingly well at Fairmont W. Va. He has recently built him a modern house, 400 Locust Avenue. He has had experience in so-called "modern medicine" before trying eclectic remedies. He says, "If a man wants to cure his patients he must follow something positive."

G. J. Eblen, E. M. I. '80, of Van Wert, Ohio, has been appointed Supreme Counselor of the Home Guards of America.

Dr. S. Witt, E. M. I. '78, of N. Dana, Mass., would like a thorough eclectic to take his place and business for a year. He must be a man and be qualified. No others need apply. Write him.

Dr. C. H. Wheeler, E. M. I. '89, has removed from Sisson to Colusa Cali. a larger place and where there is a better opening. We are glad to learn that the Doctor is doing well.

Dr. Forenci E. Hill, formerly of Brooklyn, N. Y. is now pleasantly located at Bainbrige, N. Y. He was recently elected health officer, and is fast gaining a strong foothold, when he will push things generally.

IT FITS IN

so nicely when the disordered stomach demands the courtesy of appropriate treatment, if malnutrition and nervous exhaustion are to be overcome.

Try

GRAY'S GLYCERINE TONIC COMP.

in a rebellious case.

THE PURDUE FREDERICK CO.,

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A Department for Nervous and Chronic Diseases.

A Department for Mental Diseases.

For 47 years Dr. Shepard has successfully conducted this private institution. Massage has always been used with other modern treatment as indicated.

The Department for Mental Diseases is warmed by a hot water and hot air. We give constant personal supervision and furnish night attendants.

Alcoholic and Morphine habits Treated.

Many improvements have recently been made. Patients find the Sanitarium a beautiful place, where they secure rest and comfort while being treated. Write us, state patient's condition, and ask for terms of admission.

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Of Starchy Foods available to-day. Invaluable in the treatment of Amylaceous Dyspepsia.

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Taka Diastase Liquid; pint and half-pint bottles.
 Capsules; 2½ grs. each, bots. of 500, 100, and 25.
 Powder; 1-lb., ½ lb., ¼-lb., 1-oz., ½ oz., and ¼ oz. bots.
 Tablets; 2½ grs. each, bots. of 100.

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LONDON, ENG.,
MONTREAL, QU.

Dr. D. N. Waterbury has just been appointed health officer of Liverpool, N. Y. for the fourth year. We are very glad to report that the doctor is doing well.

Dr. B. W. Mercer, E. M. I. '97, is doing very well at Tiffin, Ohio. He is the only Eclectic in the place and has lately been elected an honorary member of the Seneca County Medical Society, old school.

H. S. Stone & Company of Chicago, are about to issue a text book on Special Surgery for practitioners and students, translated from the German edition by Prof. Koenig.

We are glad to say to our readers that Prof. Bishop McMillen, M. D., E. M. I. '81, is improving quite rapidly. He has gained 25 lbs. in weight in the past six or eight months. He is not able to walk, but hopes to be soon. His Sanitarium work has been most satisfactory; his 1900 having been the best ever done. If you have a troublesome case, chronic nervous or mental trouble, that needs sanitarium attention, send it to Shepard's Sanitarium, Columbus, O., care of Dr. McMillen.

We know that every reader will join us in congratulations to Dr. Henry Wimer, E. M. I. '94, of Janeleu, W. Va., who was the winner of the chief prize, \$3,000, in the Cincinnati Enquirer's late guessing contest upon the population of the United States. Dr. Wimer came within 253 of 75,606,627. He can have a high time of it shaking hands with himself for two or three years to come. And also to Dr. J. H. Duncan, E. M. I. '78, of Harrison, Ohio, who shared in the fourth prize of the same contest with a fellow townsman. Eclectics seem to be straight guessers, as well as straight prescribes.

GOOD COUNTRY LOCATION in Indiana. No opposition, nothing to sell. Write to Dr. R. A. Wiltshire, Moore's Hill, Ind.

FOR SALE. A good Practice in small railroad town. No competition. For further particulars address H. W. Presler, M. D. Helmer, Indiana.

FOR SALE, location. Owing to failing health, we will sell our practice. Population 1240, two railroads, rich surrounding country, collections above the average. Will sell property and practice for \$3500, worth twice the amount, payments easy. For particulars, address Drs. Conaway & Conaway, New Sharon. Iowa.

LOCATION. Good location in county seat of Clinton County, population 8000, good adjoining territory. 10 allopaths, 2 Homeopaths and no Eclectic. An up-to-date man would do well from the very start. For further particulars address Mr. J. J. Hulburt, Lock Haven, Pa.

Location wanted. Any one knowing of a good opening for an Eclectic physician in Ohio or Indiana, will confer a great favor by addressing Dr. G. E. Lingle, Green Camp, Ohio.

Married, at Westfield, N. Y. Dec. 25th, Mrs. Harriet S. Waterhouse, and Dr. Edwin Younkin. Dr. Younkin was for a number of years editor of American Medical Journal, and is now Dean of the College in St. Louis. We extend to Dr. and Mrs. Younkin our congratulations.

Died, at Ligonier, Ind., Dr. Geo. S. Woodruff, E. M. I. '91. His practice will be carried on by his son, Dr. C. A. Woodruff.

DIED, at Bishop, California, Dr. W. H. George, E. M. I. '77, at the age of 71 years.

READING NOTICES.

The attention of our readers is called to the change in the advertisement of I. O. Woodruff & Co. in this issue. Now that the "grip" is so prevalent, we wish to call attention again to Freligh's Tonic. While this is an old remedy, there is nothing of which we know that is more certain and prompt, and it is indicated after the grip to tone up the nervous system and remove the weak, morbid and don't-care condition which follows this troublesome disease.

HOT GROG IN LA GRIPPE.—Dr. Libermann, Surg. Gen. French Army, in an article on La Grippe, recommends the following hot grog: "One third goblet of Vin Mariani, with two-thirds boiling water, add cloves and cinnamon, and with or without sugar, making a grog of exquisite flavor, which produces immediate beneficial effect in severe cases of cold, attended by convulsive coughing and depression the principal symptoms of la grippe. It is best taken at bed time. In the grip epidemics in France Vin Mariani was the tonic absolutely relied upon, and has received frequent deserved mention in the medical press. It has been shown that patients recover very slowly, there is much general weakness and lassitude, invariably calling for something in the nature of a mild tonic stimulant, and it has been found that Mariani Wine is unequalled for such cases.

Dr. Cyrus Edson of the New York Health Department has made a careful study of the subject in his book on "la grippe," published by Appleton & Co. On page 39 he writes of Vin Mariani and calls special attention to it in the form of a hot grog. In speaking of the complete prostration accompanied by the depression caused by this disease, and also during entire convalescence, his preference for a tonic stimulant is a hot grog of Vin Mariani. He says it is excellent for the purpose intended, and recommends its use freely.

The large and increasing number of deaths, especially among our prominent men, due primarily to the prevailing epidemic of la grippe and the serious illness of President McKinley from the same cause, impresses us with the advisability of calling the attention of our many readers to the really excellent remedial qualities of the different pro-

Gynecology in Nervous Diseases

Many nervous troubles in women have their origin in the affections of the GENITAL ORGANS.

NEURASTHENIA, EPILEPSY, many types of NEURALGIA and INSANITY may be caused by UTERINE or OVARIAN DISEASE. "A prompt resort to local medication will more readily offer relief than surgical procedure."

Micajah's Medicated Uterine Wafers

are particularly adapted as a topical medication in these cases. They are *simple*, convenient and are tolerated by the most sensitive patient. The inflamed and congested condition of the mucous membrane quickly subsides under the palliative, astringent and antiseptic action of these Wafers and with the disappearance of the genital disease the nervous condition of the patient gradually vanishes.

Leucorrhoea, Vaginitis, Endometritis

and Gonorrhoeal Affections respond promptly to treatment with MICAJAH'S MEDICATED UTERINE WAFERS.

Beware of Substitutes.

MICAJAH & CO., Warren, Pa.

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We make many designs of Tables, Stands, and Cabinets, and if you intend equipping your Office or Hospital, it will pay you to write for our descriptive matter on this subject.

OUR NEW BALDWIN OPERATING TABLE is the most popular Table. Send for description.

SURGICAL INSTRUMENTS have been very much reduced within the past year, and we guarantee our prices "as low as any."

SPRAY APPARATUS, NEBULIZERS, ETC., from \$15.00 upward. Largest line in the country. Many new patterns. Send for Catalogue of Spray Department No. VI.

Orthopaedic Appliances, Elastic Hosiery, Supporters, Etc., a Specialty.

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Consists of one term, which begins September 23, 1901, continues 28 weeks.

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Four years' graded course has been established. The curriculum is graded to extend through that period, with examinations at the end of each year.

Advanced Standing

Granted to Graduates of recognized Literary Colleges or Universities, Graduates of Dentistry or Pharmacy.

Special Advantages.

The special advantages which this school offers to college students intending studying Eclectic

medicine, may be summed up as follows: Its long, thorough, and graded course of study; its comparatively low fees; its ample dispensary and hospital facilities; and its commodious college building.

Notice.

When you matriculate, remember that graduates of schools requiring less than four years are barred from membership in the National Confederation of Eclectic Medical Colleges, the American Institute of Homeopathy, or American Medical Association, and from practicing in nearly all the States.

The Annual Announcement.

Giving full particulars, will be sent on application.

===== FACULTY. =====

F. J. LOCKE, M. D.,
Professor of Materia Medica and Therapeutics, Dean of Faculty.

J. A. JEANCON, M. D.,
Professor Clinical Diseases of the Chest and Venereal Diseases.

JOHN URI LLOYD, Ph. M.,
Professor of Chemistry and Pharmacy.

ROLLA L. THOMAS, M. D.,
Professor of the Principles and Practice of Medicine.

WILLIAM E. BLOYER, M. D.,
Professor of Didactic Surgery.

JOHN K. SCUDDER, M. D.,
Secretary of the Faculty.

ROBERT C. WINTERMUTE, M. D.,
Professor of Obstetrics, Gynecology, and Pediatrics, and Clinical Diseases of Women and Children.

LYMAN WATKINS, M. D.,
Professor of Pathology and Physiology.

W. L. DICKSON, A. M., LL. B.,
Professor of Medical Jurisprudence.

HARVEY W. FELTER, M. D.,
Professor of Anatomy and Adjunct Professor and Demonstrator of Chemistry.

BISHOP McMILLEN, M. D.,
Emeritus Professor of Nervous and Mental Diseases.

L. E. RUSSELL, M. D.,
Professor of Clinical Surgery and Operative Gynecology.

JOHN R. SPENCER, M. D.,
Professor of Electro-Therapeutics, Hygiene, and Physical Diagnosis.

KENT O. FOLTZ, M. D.,
Professor of Didactic and Clinical Ophthalmology, Otology, Rhinology, and Laryngology.

GEORGE W. BROWN, M. D.,
Demonstrator of Histology, Pathology, and Bacteriology.

H. FORD SCUDDER, M. D.,
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ducts of the Antikamnia Chemical Company in the treatment of this scourge and its many insidious allied diseases. For the purpose of reference, we append a list of their various preparations, viz. :

Antikamnia tablets. Antikamnia, Quinine & Salol Tablets.
 Antikamnia Powdered. Antikamnia & Codeine Tablets.
 Laxative Antikamnia Tablets. Antikamnia & Quinine Tablets
 Antikamnia & Salol Tablets. Laxative Antikamnia & Quinine Tablets.

The last mentioned is a new and without doubt a most desirable combination in the above complaints and also in all malarial and congested conditions.

A MARK OF PROGRESS.—American manufacturers display commendable enterprise in adapting to commercial needs the developments arising from original investigations in the scientific circles of this country and Europe. A notable instance of this fact is the complete manner with which H. K. Mulford Company have met the great increased demands of physicians for their Antitoxins and other biologic products. This company have made arrangements with one of the best known bacteriologists of Germany to act in the capacity of consulting Bacteriologist.

Dr. McFarland retires while Dr. C. V. Lincoln, who has produced and tested all of Mulford Company's Antitoxins and biologic products for the past two years, will continue to devote his entire time to this purpose.

Another feature of great interest is the Laboratory of Experimental Therapeutics, recently instituted by and conducted exclusively in the interests of, the Mulford Company. Dr. Albert C. Barnes, late of the University of Heidelberg, Germany, is personally in charge of this laboratory and is assisted by Herman Hille, Ph. D., Heidelberg, who has worked for many years upon the physiology and chemistry of the blood serums.

ADVANTAGES OF THE SPRAY IN PSEUDO-MEMBRANES OF THE PHARYNX.

I avoid spraying the uvula unless covered with a pseudo-membrane, and in fact avoid any healthy membrane with the direct force of the spray, for I aim to get force enough to see the tissues splay out with the spray.

Personally, I have two favorite solutions which I rely upon to be used as sprays in accordance with the individual case. The first is hydrozone, and I direct that the nurse put two teaspoonfuls with three to eight teaspoonfuls of water and use at first every half hour or hour. I use this especially in all denser membranes, that the hydrozone may break up and disinfect the middle layers of the pseudo membrane. It makes a way for other antiseptics which may be subsequently used.

The second spray is a solution of formaldehyde, directed to be used as follows:

R—Sol. formaldehyde, $\frac{1}{2}$ percent. 30-60. $\bar{3}$ j- $\bar{3}$ ij; Kal. chlor., 8. $\bar{3}$ ij
 Acid. boric. 4. $\bar{3}$ j; Glycerine, 15. $\bar{3}$ ss; Aq. ad 120. $\bar{3}$ iv;

M. Sig. Use in spray after hydrozone.

This I make the standby and vary the strength according to the conditions, and continue with it when the pseudo membrane has become so thin that I do not care to continue with the hydrozone. Remembering the middle layers of the pseudo-membrane and the depths of the crypts, I shoot hard and quick and resort to the spray early, and very often do not have to use the antitoxin.—*Dr. Brown, Med. Month.*

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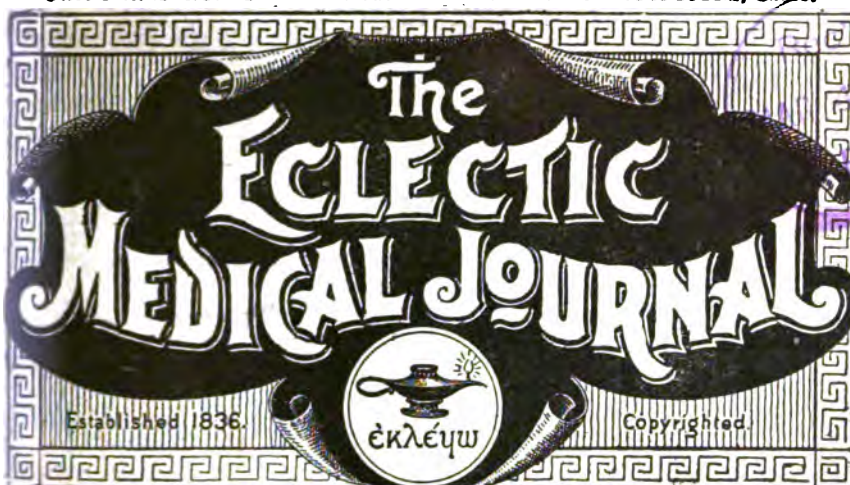
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JOHN K. SCUDDER, M. D.

MANAGING EDITOR.

Assisted by the Faculty of the Eclectic Medical Institute

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VOL. LXI.

CINCINNATI, MARCH, 1901.

No. 3.

ORIGINAL COMMUNICATIONS.

SYRUP OF MITCHELLA COMPOUND.

By J. S. Niederkorn, M. D., Versailles, Ohio.

HAS it ever occurred to you, dear reader, how easily the habit of prescribing medical compounds can be acquired? And especially so in these days when the therapeutic market is flooded with fancy proprietary pharmaceutical preparations?

One needs but look over the field to observe how inviting many medicinal compounds have become, how carefully their manufacturers extol the virtues of their pet product and how enticing their pleadings are to prescribe only their specially prepared article. This is really exasperating, especially when one feels his own short-comings in therapeutic knowledge, and no one but he who has detected his imperfection in correctly selecting remedies can feel the declarations of the vender more keenly. He has recognized his inadequacy to combat diseased conditions and he falls an easy prey to the highly embellished inductions presented. If he allows the temptations and dictations of others to supersede his own, though defective, discernment, he will only have more cause for regret—that much is certain.

There is no experience (in medicine) like actual bed-side experience, and it is an established and proven fact that in a great majority of instances, medicinal compounds at the bed-side have proven a dismal and lamentable failure.

Is it any wonder then that the expression, "the practice of medicine is an uncertainty," is so often heard, physicians decry and abandon ethics, and that the disgusted laity resort to the employment of patent stuffs and quackery?

The all-required essential to successfully employ a remedy is to thoroughly understand its use and therapeutic effect, and when this knowledge has been acquired, an ingrained faith will have been established, and the remedy applied only in indicated conditions, and not hap-hazardly, nor in an intricate or even an incompatible compound, gorgeously labeled.

Have you ever considered the source from whence comes the vociferous wail "medicine is uncertain?" Note the enormous literature and endorsements sent broadcast and your answer comes with a rebounding echo.

Perhaps no other combination of drugs is so ardently and persistently thrust upon the profession as is the "Syrup of Mitchella Compound." Usually the formula reads, "Mitchella Repens, Senecio Aurens, Cimicifuga Racemosa, Helonias Dioica, Viburnum," each manufacturer varying the proportion of each ingredient in grains. In appearance at least a formidable and grand weapon with which to combat disease! A pity it is that Tiger Lily and Aletris were not added, for then indeed would it have a far-reaching field of application. Just send along any of your multiple uterine and ovarian diseases, and the efficacy of the preparation will readily be demonstrated, perhaps.

Well, it is evident that this splendidly arrayed and likely preparation has been made to sell, each salesman offering his product with the proposition and guarantee to be "as good as the best and for less money." The guarantee to be as good as the best might not be so alluring as the "cut rate" consideration, and a deal is made for a five gallon lot.

Let the purchaser's results with the preparation be what they may, candidly now, is such prescribing any relation to science and positiveness? Really, is not the doctor a mere tool, and is not the sagacious pharmacist the real prescriber? And the doctor's fondest hopes are that he be regarded as an intelligent exponent of medical science!

Let us dissect this colossal panacea and ascertain how much each ingredient is conducive to overcome pathologic uterine conditions, in order to determine in what respect it has advantages and is superior to the single remedy, and what necessity there can be for such a combination.

Mitchella Repens has a particular tonic action upon the female reproductive organs and is indicated in atonic conditions. It improves their functions, strengthens innervation, and relieves the dragging, weary sensations which often accompany uterine disorders. It is an excellent partus preparator, fortifying uterine muscular contractions and supporting innervation.

Senecio Aurens is a tonic to the nervous and muscular structure of the female organs of generation. The remedy is indicated in a general relaxed out-of-tone condition of the uterus and appendages.

Helonias Dioica improves the functions of the uterus and its ap-

pendages and is especially indicated in those cases where the sensation of pelvic fullness or congestion is very evident, the patient complaining of feeling as though the internal organs were falling out. Its general action is that of a tonic.

Viburnum Prunifolium is a sedative tonic to the reproductive nerve-centers. It is not the remedy for conditions indicating any of the above remedies. It soothes nerve irritation, lessens reflex action, and to an extent lowers arterial tension. Irregular, nervous functional wrongs of the pelvic organs, ovarian irritation and spasmodic affections are relieved by its use. Spasmodic uterine pains, whether they be during menstruation, during pregnancy, or after labor, are mitigated upon its exhibition because of its antispasmodic effect upon uterine muscular fiber. Allopathic text-books give it an uncertain and questionable reputation.

Cimicifuga Racemosa (*Macrotys*), aside from its effect upon the muscular structure of the body in general, also has a direct action upon the reproductive organs of woman, and is generally indicated in muscular pains, whether they be during pregnancy, at the menstrual periods, or are of a rheumatic nature. Pain, seemingly induced by muscular contraction, is the specific indication; its action is that of a sedative tonic, and bearing this in mind, its broad field of application is readily comprehended.

To the casual observer, a combination of the above mentioned remedies would seem a grand general mixture, each remedy being fortified by the addition of another having similar action, and no doubt there are medical men who will insist upon having obtained gratifying results from the use of the preparation. Placing aside any probability of imposture by inferior quality of goods and variations in cost, and considering the formula solely upon its probable capacity or medicinal virtue, and considering the therapeutical merits of each remedy, is there any necessity for administering such a drug aggregation? Does not this detract from positiveness in prescribing, and weaken our hold on our *Materia Medica*? If a remedy is known to possess a certain characteristic and distinctive power, why conclude that its action is enhanced by the addition of other like acting remedies? Will not any one of the remedies composing this compound accomplish all the good that possibly can be attained from the administration of the combination—the right one, of course?

The fact that we combine similarly acting remedies would confirm the suspicion of imperfect acquaintance with drug therapy, or that we do not possess the necessary ingrained faith in our remedy—both important considerations in the application of Specific Medication. If we, as Eclectics and Specific Medicationists, have anything at all, we have an unexcelled *Materia Medica*, and the habit of prescribing drugs in multiple combinations will not tend to elevate us into professional esteem.

CANCER OF THE UTERINE CERVIX AND UTERUS—NECESSITY OF SURGICAL INTERFERENCE.

By Prof. L. E. Russell, M. D., Cincinnati, O.

THE great surgeon, Oslander, in 1801, a century ago this month, was the first surgeon to advise radical measures in dealing with cancer of the uterine cervix, which consisted in—1. Cauterization. 2. Ligature. 3. Excision.

Cauterization was the method adopted a century ago, and consisted of destruction of the ulcerated uterine tissue either with the actual cautery or arsenical paste, or pure potassium in a cone fixed in a strong porte-crayon. Nitric oxide of mercury was also used, and the application was made on lint, passing the remedy through the speculum, and packing it over the center of the carcinomatous tissue, having first protected vaginal tissue with pledgets of lint. This method of dealing with cancer of the neck of the uterus had the sanction of Bayle, Dupuytren, and Lisfranc.

Ligature, the second method, was accomplished by means of the *serre-noeud*, applied high on the uterine cervix through the speculum, and the wire held *in situ* by forceps-erigne, which pierced the uterine cervical tissue, and held the wire from slipping downward, retaining the ligature at its high position, while ecresure strangled the tissue. Torsions were made once or twice daily, until complete mortification of the strangled parts had taken place, after which the uterine scissors removed the mass.

The third method, excision, also known as resection, or complete hysterectomy, was first described by Oslander as follows: Draw down the neck of the uterus to the vulva by means of needles armed with double threads passing quite through the cervical tissue, the woman being placed in the dorsal position, and the speculum introduced closed, and its branches separated so as to distend the vagina and prevent its folds from reaching in front of the neck of the uterus. Gradual traction is exercised on the guy ropes in the uterine cervix in the axis of the brim, then in that of the outlet until the uterine cervix is forced to the introitus of the vagina. The index finger of the left hand acts as a guide, while the surgeon with the bistoury in the right hand gradually girdles in a sawing manner, and with small cuts circularly incising the vagina as far down as the disease allows, cautiously down to its external cellular tunic, reflecting it backward like the skin in a circular amputation of a limb.

Push back the bladder and intestines if they are not beyond the reach of the instruments. Detach the womb, if possible, by enucleation, and without opening the peritoneum, or open that membrane cautiously; and lastly, divide the lateral attachments of the womb by which its vessels pass to it. The lateral attachments may be tied together before they are cut, or better, the arteries may be tied immediately after they are divided. The operation is terminated, uniting

the wound by suturing near the vagina, so as to shield the peritoneum from contact with the air.

To this description of the operation, the surgeon, Dupuytren, says that if scissors are used, they should be passed alternately above and below and on the sides, their concavity being turned upward, and they should be made to act as much as possible on the sound parts beyond the limits of the disease. If the cancer is too extensive to enter the speculum, it must be dispensed with, and the hooks be guided along with the finger to healthy cervical tissue.

As a still further description in these hysterectomies, the surgeon Lisfranc says he successfully uses a straight bistoury with which he makes an anterior and posterior semi-lunar incision, scooping out a kind of cone from the body itself. He reports a failure in five cases in which he was obliged to leave the operation unfinished on account of the resistance and immobilization of the womb from engorgement or impaction in the broad ligaments, and reported 99 cases that were successful. Where there was extensive hemorrhage and the woman became greatly enfeebled from the loss of blood, he resorted to plugging or packing with gauze.

The hypogastric method was proposed by Gutberlat, and put in execution by Langenbeck in 1825. He incised the linea alba from the symphysis pubis to two inches below the umbilicus, and opened the peritoneum, seizing the womb with his left hand; an assistant keeping back the intestines, he introduced a pair of long scissors, cut the broad ligaments, almost entirely detaching the womb, drew it out from the abdomen, and separated its last connection with the bistoury. To this mode of operating Delpach advised a combination which consisted in previously separating the bladder from the uterus through vaginal dissection, after which the abdomen was opened and the operation performed as described by Langenbeck. The more radical methods, namely vaginal and abdominal, as described by surgeons of nearly a century ago, were finally abandoned on account of the severe shock which the patient sustained from the lack of knowledge and use of anesthetics, which were discovered and put in use in the last half century.

It seems that within the last ten or twelve years modern surgeons have been doing vaginal and abdominal hysterectomies, and describing their methods, each one claiming for his operation the inventive genius of originality. And thus it is that we are re-discovering new ideas from the old and forgotten.

At the present time surgeons seem to be divided as to the better method of dealing with uterine carcinoma, some claiming with much confidence that the abdominal route is preferable on account of the ability to deal with impaction in the broad ligament, and control all hemorrhage, which is a factor in hysterectomies.

The writer has for some years practiced and advised the removal of carcinomatous lesions by the vaginal method, where the disease has

not invaded the tissues of the broad ligament, or destroyed vesicle tissue, or caused the impaction in Douglas cul-de-sac. If this latter condition is found, he practices and advises a combination method, which consists of, first, dissecting all vaginal diseased tissue and detached space possible laterally in the broad ligament until the uterine artery is encountered and secured with snap forceps or ligature; I open the abdomen, placing the patient in the elevated pelvic position, and complete the dissection and removal of the diseased organ through the abdomen. In case I find a necrotic lesion of the uterine cervix, it is freely excised with shears, and cauterized, so as to prevent the possibility of infecting the incision or the pelvic and abdominal organs.

It has been the writer's luck to encounter three cases of uterus-bicornus during his experience in vaginal hysterectomy; and as these cases are very rare, and their management requires much care and skill, it would seem well and proper to illustrate and describe one of the recent cases, which is nicely shown in the accompanying photo-engraving.

Mrs. A., age 40, about 5 ft. 8 in. in height, and weighing about 175 lbs., stoutly built, with an excess of abdominal adipose tissue, sought surgical relief on account of pain, and a continuous hemorrhage from the womb, for a period of two or three months. She was fearful of the lesion which assailed her, on account of a previous experience with her mother who had died from uterine carcinoma some two years since. Therefore the patient was not without warning, and asked advice at an early date. Having considerable wealth, they were enabled to arrange for a first class trained nurse, and put a room in the residence in the very best condition for so serious an operation. The patient was prepared for nearly a week by taking hot salt water baths every night with strong antiseptic douches, and the free administration of salts, and a diet of light nutritious food, without partaking of any solids.

Assisted by Professors Wintermute, Thomas and Spencer, we decided to do a vaginal hysterectomy, and not open the abdomen on account of the three or four inches of excessive abdominal adipose tissue. The patient was placed in the dorsal position, and near a window, the speculum introduced, and strong thongs of silk were thrust through high uterine surgical tissues to act as guy ropes, in aiding in the pulling down of the womb in doing the vaginal hysterectomy. The patient had been married about 15 years, and had never been *enciente*; therefore it made the dissection much more complicated. We noticed as the dissection progressed, that the uterine scissors were deflected laterally into either broad ligament, and that it was with the greatest difficulty that we could advance with any speed or certainty. Finally the Douglas cul-de-sac incision was extended to its uttermost, and the double toothed tenacula hooks carried along the palm of the left hand, and along the index and middle fingers which were inserted in Douglas cul de sac, until the fundus of the uterus

could be reached, and the double tenacula hooks engaged to pull and invert the uterine fundus. When this was forced down and out, we discovered the uterus bi-cornus as illustrated herewith.

By reference to Fig. 1. it will be noticed that the left cornua is separated from right, enfolding at the fundus, and dividing laterally the uterus. The right cornua is much the larger of the two. This photo-engraving has been reduced from the normal size about one-half.

By reference to figure 2, either cornua has been incised, and in the upper line of the incision of the left cornua there is engaged a sessile, hemorrhagic, intra-uterine polypoid. On opening the cervix, it shows also the amount of carcinomatous lesion which had invaded the endocervical tissue. The pin piercing the right cornua carries out with it also a pedunculated polypoid. In this case there was, of course, nothing to be done short of a complete hysterectomy to avoid what would eventually have been a fatal issue.



FIGURE 1.

The ovarian arteries were secured and the tubes and ovaries encircled at their distal end with silk ligatures, after which they were removed. The wound was now packed with iodoform gauze, without suturing or closing the peritoneum, or attempting to close the Douglas cul-de-sac portion of vaginal tissue. The gauze was removed in 36 hours, and replaced with a fresh supply, which, after the fourth day, was entirely discontinued. The temperature was but little above the normal point at any time, and the patient seemed to be making an uninterrupted recovery, up until the morning of the 13th day, when the nurse informed me that there was no discharge of urine the normal way, but that there was a vaginal discharge of fluid, and that on using the catheter, there was an entire absence of urine in the vesicle.

On examination, we found that the bladder had a slough, discharging the fluid through this false opening for four days. Then it closed spontaneously, and everything appeared lovely, but on the 28th day when the patient had been sitting up for a short time for several days, another sloughing took place, and we had a free discharge of urine of three days standing, when Nature again made its repair, and the patient made a complete and satisfactory recovery.

It was a source of considerable annoyance to encounter these fistulous openings so late following the operation, and they can only be ac-

counted for on the ground that the vesicle had been greatly impinged upon or stretched during the performance of the removal of the double uterus.

I report this case fully in regard to this phase, as it shows how kindly Nature made the recovery without resorting to surgical measures.



FIGURE 2.

In over a hundred cases of uterine carcinoma, and some of them manifesting a necrotic condition of the utero-vaginal cervix, the successful recovery of the patients following complete extirpation of the necrotic tissue, removal of the uterus, ovaries and tubes, has given me confidence and courage to advise the method of vaginal hysterectomy as the safest and best manner of dealing with these lesions. We are not unmindful of the fact that oftentimes these cases procrastinate surgical relief until impaction in the broad ligaments, and partial destruction of the recto-vaginal and vesico-vaginal tissues are nearly sloughed through or destroyed. In this event it seems almost useless to attempt a recovery by any surgical procedure; yet some cases have made excellent recoveries without recurrence after a period of three or four years. Therefore it would seem to be the duty of the surgeon to assail, remove and rescue the patient where there is the least promise of reward and recovery.

I do not wish to be understood as being entirely wedded to vaginal hysterectomy as the only means of relief, as I recognize the success oftentimes of a combined vagino-abdominal hysterectomy in which the necrotic tissues in the vagina are dissected and removed, and the abdomen afterwards opened, and the uterus extirpated from the broad ligaments, removing all of the thickened and diseased tissue that may be manifest, together with any glandular engorgements. It is the opinion of the writer that by this combined method, a more radical operation can be performed, and the lesion more thoroughly dealt with.

The photo-engraving below, one-tenth its size, illustrates fairly well those combined pathological lesions of the uterus, which are to be dealt with by the suprapubic incision, as the nodules often reflect important tissues, and displace the same. In this case it will be noted that the sarcomatous protrusion near the uterine cervix deflected the vesicle from its normal position, and would have endangered its condition by the dissection by the other method of hysterectomy. It will also be noted that the sarcomatous protrusion and the enlargement would have made it almost impossible to have removed it by the vaginal route. There are, to be sure, many of these lesions that so greatly enlarge and fill the pelvis, that they can only be dealt with in an intelligent manner through the abdominal incision, with the patient in the Trendelenburg position.

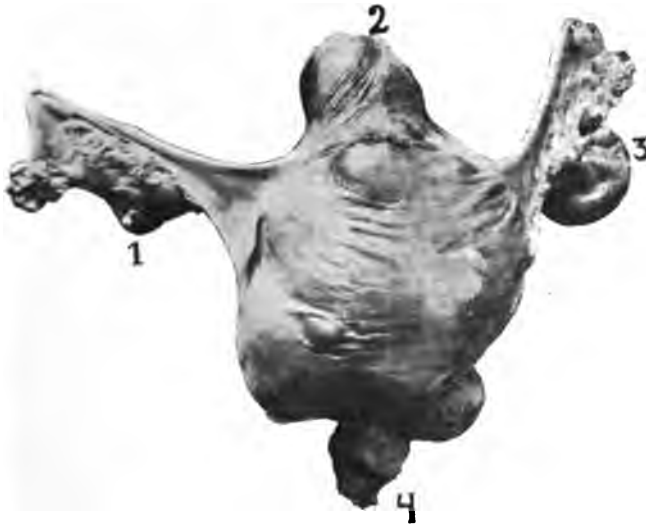


FIGURE 3.

By referring to figure 3, it will be noticed that No. 1 illustrates the tube with its fimbriated extremity, and almost complete atrophy of the ovary. No. 2 shows a nodule about the size of the fist, protruding from the uterine fundus. No. 3, occlusion of the fimbriated extremity of the tube, with a small ovarian cyst. No. 4, the shortened uterine cervix. No. 5, the tumor mass, about the size of an orange, protruding between the cervix and the vesicle. It will also be noted on careful examination, that this specimen shows almost every phase of pathology that may assail the womb, namely: 1st, sub-peritoneal sarcomatous tissue; 2d, interstitial fibro-sarcoma; 3d, sub-mucous polypoid—and in addition, the lesions of the adnexa.

THREE INTERESTING THROAT CASES.

By Wm. Byrd Scudder, M. D., Denver, Colorado.

CASE I. DIPHTHERIA.—Laboring man, age 30. Had been working in railway gang in the north west part of this State. The camp used water wherever they could find it. There was a great deal of sore throat in camp. The case began with chilly sensations, fever, dry skin, and sore throat, with stiff neck.

On examination in Denver, ten days after leaving the camp, throat and tonsils presented ashen-gray patches, not ulcers. Patient had difficulty in swallowing, talked like a person having cleft palate. Diagnosis, diphtheria. Patient was put on echafolta and phytolacca, later strychnine. Diagnosis was later confirmed by paralysis of soft palate, foods getting into the nose, and about the same time complete loss of accommodation, so that patient could not read. This paralytic eye symptom is not at all uncommon, following the disease.

CASE II. SYPHILITIC THROAT.—Same kind of man, working on railroad gang; duration of disease same time; sore throat, difficulty in swallowing. On examination, there was broad pasty tongue, fever, gray patches on throat and tonsils, some cervical glands swollen. Having seen case 1, same kind of railroad man, only a week before, and this patient now under same circumstances, together with conditions, it looked much like diphtheria.

However, I found history of initial syphilitic sore some six months previously, and this, with the local aspect of the gray patches, decided that it was secondary syphilis showing in the throat. The case was prolonged, tedious, and in the following three months the diagnosis was proven correct. However, these throats looked very much alike.

CASE III. APHTHOUS SORE MOUTH.—Same age man, but minister—no question but that his trouble was perfectly regular. The man was sick, felt very sick all over, could not swallow, scarcely talk; mouth tongue, throat and lips covered with gray, aphthous ulcers, exactly like a bad mouth in secondary syphilis. This history was positive—no syphilitic taint; the stomach was very likely in the same condition that was present in the mouth, extending more or less through the enteric intestinal canal, as evidenced by the bad tongue and frequent bowel discharges. Diagnosis, an aphthous sore mouth, a good deal like a baby's.

Gave large doses of echafolta and phytolacca, later a little ipecac. Patient was practically well in four days, though on the first day he was certainly a very sick man, and such a looking mouth I never saw. The rapidity of cure illustrates how much more the right remedy will do internally than any local treatment.

* * *

Posterior Turbinal Hypertrophy.

More frequently, I think, is this disease of the post nasal space overlooked and misunderstood than any other one. We all understand

adenoids hanging from the vault of the pharynx; we know in what kind of children to expect them; we sometimes see the extension of them carried down on the posterior pharyngeal wall, and at other times can easily diagnose them with the index finger. We understand and can well see the fullness and encroachment of the common enlargement of the tonsils in the throat.

But what is posterior hypertrophy of the inferior turbinates? It is a soft, white enlargement of the posterior end of the inferior turbinate, of much the same constituency as an oyster, doing damage in *three* important ways: It impinges on and interferes with the function of the Eustachian tube. It interferes with the good drainage of the nose. More than half of nose trouble—catarrh—is alone due to bad nasal drainage, occlusion of some sort. And lastly, this is a source of irritation, causing constant dropping of mucus into the throat.

I believe there is only one way to examine the vault of the pharynx and the post-nasal space, and only one way to thoroughly prove this growth, and that is to get the soft palate completely out of the way by drawing it forward with White's palate retractor. If the throat is irritable and patient gags easily, spray the parts with cocaine, then use the retractor. Now examine by reflected light and your largest rhinoscopic mirror. By this means the old nightmare of trying to see around this corner with a tiny mirror, one-fourth inch in diameter, and the palate constantly closing the space, is overcome entirely, and everything is plainly seen.

This careful examination is not at all a routine procedure to be repeated on the same patient, but it should always be made, if you are going to know the actual conditions.

These growths are easily removed by the cold wire snare introduced through the anterior nares and encircling the entire posterior end of the turbinate containing the succulent growth.

The region can be sprayed with cocaine from the pharynx, and about five minutes allowed to intervene. The snare should be the Bosworth tonsil snare or any strong instrument of its nature. A most important point is that the wire draws entirely within the tube, and not against a solid tip, so that you know when the growth is cut through, and the snare comes out. Use No. 5 piano wire, and take your time in screwing up the ratchet. There is little or no pain and bleeding, and the result is all that could be desired. Many a "dropping into the throat," in those past the period of youth, can be cured in no other way.

"KEEP GRIPPE PATIENTS WARM IN BED."

By J. G. Sutton, M. D., Rushsylvania, O.

ONE, if not the most essential point in the treatment of grippe cases, is too often almost entirely overlooked, and this neglect is in my opinion the chief cause of complications and death in most

fatal cases. It is all right and proper to treat the case with specific medicines as may be indicated by specific conditions, but don't stop at that. Put your patient to bed, keep him warm, and keep him in bed for from 3 to 48 hours after all sweating has ceased, and you will have little need of coal-tar products to relieve pain, and probably no cases of relapse.

Read the last sentence again and remember it when you see your next case of gripe.

My experience leads me to believe that the sweating process is nature's principal method for ridding the system of the noxious poison; and the patient, if kept comfortably warm, will sweat more or less each day till all the poison is out of the system. Here is the danger: the patient being in bed all the time, feels better (almost well, he thinks) in the morning, and gets out of bed (although the skin is moist and temperature below normal), sits up, or perhaps steps out of doors. In the evening this patient is worse; the aching and fever return, and again he sweats. This sort of conduct is a short cut to the cemetery, and particularly so if the coal-tar products are given to relieve the pain in this now asthenic case.

I believe that if the patient is kept warm in bed until all sweating has ceased for a day or two, his system will then, and not till then, be free from the specific gripe poison. I believe also that the system may be nearly freed from the poison by the sweat gland route, but if the sweating be artificially checked by getting up too soon, or otherwise, the poison will rapidly reaccumulate in the system—somewhat after the manner of yeast growth—and this process may easily be kept up until the system is exhausted and death results.

I have no trouble with any case of gripe where the patient will stay warm in bed as above directed. Of course I use medicines (specifics) as may be indicated. When called very early in a case of gripe we often find the fever up, with great pain in the head, body, etc. A dose or two of specific sudorific tincture will relieve the pain in head, and in fact any part of the body. This, followed by specific gelsemium, bryonia, asclepias, aconite, sometimes veratrum, etc., as specifically indicated from day to day, will give good results.

I will close by saying, when you don't know what medicine to give, just remember my text, "Keep your patient warm in bed." When I say, keep him warm, I don't mean *try* to keep him warm, but do it somehow, feet and all, all the time.

RHUS AROMATICA. (Var. Trilobata.)*

By W. H. Henderson, M. D., Sacramento.

THIS western variety of *rhus aromatica* is a slender deciduous shrub growing along streams in the foot-hill portion of canons, and following the course of the canons to a distance of fifteen or

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twenty miles from the valley. It is usually found in dense clumps in rich flats, or under the side of benches and bluffs.

The leaves are trifoliate, and on stalks about an inch in length. The three leaflets are sessile and covered with short velvety pubescence when young. The terminal leaflet is considerably larger than the lateral leaflets, from an inch to an inch and a half in length, and about two-thirds as wide. They are entire and tapering at the base.

The flowers are small, greenish yellow, and open in March before the leaves; they are in short scaly-bracted spikes.

The fruit is a compressed globose, scarlet berry about the size of a pea, hairy and covered with an oily secretion of a strong acid taste and an aromatic flavor.

The *sepals*, *petals*, and *stamens* are in fives, and the *pistil* is a one-ovuled ovary, with three short styles.

The root is one-half to one and a half inches in diameter, of a dark rusty brown color externally, and a pink or walnut color internally. The bark is one-eighth inch in thickness, and has little cavities containing balsamous exudations; the wood is white or yellowish.

A handful of the ripe berries in a quart of cold water makes a refreshing acid drink—a fair substitute for lemonade, but of a peculiar aromatic flavor. Taken in doses of a glassful three or four times daily it produces an abundant flow of limpid urine, and increases the appetite enormously; used in conditions usually denominated dyspeptic, it gives prompt benefit. My attention was first called to this plant and the above action of the berries, by noticing its effects upon an old miner in the hills who would live on saleratus bread, beans and bacon, during the winter, until in the spring he would be as yellow as saffron, dyspeptic and sad; but a course of rhus lemonade for a few weeks would remove the excess of alkali from his blood, and his digestive apparatus would become in a normal condition again, when he would appear a different looking person. This man claimed that it was all that was necessary to cure dyspepsia and indigestion.

The fresh bark of the root made into a tincture with full strength alcohol, and employed in excessive discharges from the kidneys and bladder, in the enuresis of aged people and children, and in incipient albuminuria, has been of great benefit. Also in urethral irritation, cystitis, catarrh of the bladder, with severe pain in micturition, hemorrhage from the lungs, stomach, kidneys or bladder, uterine leucorrhea, cholera infantum, diarrhea, dysentery, chronic laryngitis, and chronic bronchitis.

The berries have been used with success in catarrh of the stomach, sour eructations, water-brash, dyspepsia. and indigestion.

The dose of the tincture is ten to sixty drops three or four times daily in glycerine and water, or in simple syrup.

THE DOCTOR AND THE DUDE.

By Beecher W. Waltermire, Findlay, O.

THE doctor was a plain, blunt man,
Skilled in the healing art,
And ever ready at a call
His wisdom to impart.
Of patients he had many score,
Who came from far and near,
He stood alone in all that land
Without a single peer.

'Twas said that he could diagnose
A case with but one look,
And read the inmost human ill
As if it were a book.
Not e'en a question would he ask ;
But peering through and through,
Would find the subtlest parasite,
And know just what to do.

Each separate muscle, bone and nerve,
In all the human frame,
To him were as so many friends
Which he could call by name,
No matter what the ailment was—
Pain, parasite, or pus—
'Twas instantly apparent to
This Esculapius.

One day a dude came ambling in,
With eye-glass and with cane,
And puffing at his cigarette,
Cried, "Doctah, I'm in pain."
"Ah, yes, I know," the doctor said,
You need not tell me more.
I knew you had brain fever
When you entered through the door."

"But, doctah, I beg parden, sir,
Indeed it can not be ;
You are mistaken in the name
Of that which aileth me."
"Not so, young man," he gruffly said,
"I never make mistakes.
You're not familiar with the turn
This ailment sometimes takes."

"But, doctah deah, I must protest ;
My pains are shooting pains.
First in my limbs, then in my breast,
But never in my brains.

They've darted here and darted there,
Through every limb and part,
And now seem gathering all their strength
To settle round my heart."

The doctor laughed a great guffaw.
"I knew 'twas so," said he ;
"Those various shiftings here and there
Are plain enough to me.
Brain fever is your ailment. sir ;
Those shooting darts and pains .
Are only efforts of the search
In trying to find your brains.

"And having darted here and there
Through every limb and part,
They gave it up, and have returned
To settle round your heart."
The dude gave one independent stare
Through his little round eye-glass,
And puffing at his cigarette,
Through the doorway made a pass.

POTTS' FRACTURE.*

By J. C. Bainbridge, M. D., San Francisco.

IN order to fully appreciate the importance and seriousness of this fracture, it may not be amiss to take a short review of the anatomical relations of the ankle joint.

This is a ginglymus or hinge joint, with the motion limited to two directions, forward and backward. The bones entering into the formation of this joint are the lower extremity of the tibia and its malleolus and the malleolus of the fibula. These two bones unite above to form an arch for receiving the upper convex surface of the astragalus and its two facets. These bony surfaces are covered with cartilage over which play numerous muscles, but are held together principally by three ligaments, viz: anterior or tibio-tarsal, internal lateral or deltoid, and external lateral.

The anterior ligament is broad, thin, and membranous, and is attached above to the margin of the articular surface of the tibia ; below it is attached anteriorly to the margin of the articular surface of the astragalus. This ligament amounts to an anterior binder to the joint and a protection to the synovial sac. The internal lateral or deltoid ligament is usually described as consisting of two layers, a superficial and a deep. The superficial layer is a strong triangular band, attached above to the apex, anterior, and posterior borders of the malleolus. Below the most anterior fibers pass forward and downward, and are attached to the scaphoid ; the middle fibers are attached to the os

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calcis; and the posterior fibers pass backward and outward, and are attached to the inner side of the astragalus. The deep layer passes from the apex of the malleolus straight downward, and is attached to the astragalus.

The external lateral ligament consists of three fasciculi, which are often described as three ligaments, viz: anterior, posterior, and middle fasciculus. The anterior, as its name indicates, is on the anterior aspect of the articulation, and extends from the anterior margin of the external malleolus downward and forward, and is attached to the anterior articular margin of the astragalus.

The middle fasciculus is a narrow, rounded cord, passing from the apex of the malleolus downward and backward to the middle of the outer side of the os calcis.

The posterior fasciculus passes from the depression at the inner and back part of the malleolus downward, and is attached to the astragalus.

The inferior tibio-fibular articulation is also concerned somewhat in this fracture. This articulation is formed by the rough surfaces of the tibia and fibula, which are held together by four ligaments viz: the interosseous, anterior tibio-fibular, posterior tibio-fibular, and transverse, generally speaking, from one bone to be attached to the other. The cartilages and synovial sac of this joint are continuous with the ankle-joint.

This brief review of the anatomy may seem useless; but we all forget and allow the rust to accumulate, so this drill may not be entirely amiss. Pott's fracture is old and time-worn, but we can never review a thing too often nor know too much about it. This fracture is usually caused by the forcible eversion and abduction of the foot, though some authors claim that it may be caused by inversion and adduction; but from studying the anatomy we can see that it is most likely caused by the former. In a typical case we have three distinct lines of fracture: 1. The fibula about two or three inches above the tip of the malleolus. 2. The tip of the inner malleolus. 3. The outer lower edge of the tibia.

If, however, we take into consideration that ligaments do not stretch, we can see why this triple fracture occurs. The first line of fracture of the fibula is always present; but we may have a rupture of the tibio-fibular ligaments, from the forcible spreading of the bones, instead of a fracture of the lower outer edge of the tibia. The question then arises, have we not a condition more serious than a fracture, and one which requires a longer time to heal? Again, we may have a rupture of the internal lateral ligament instead of a fracture of the tip of the inner malleolus; then the same question would arise as to the process of healing and recovery.

Diagnosis—The deformity is first noticed; the depression anteriorly; the eversion of the foot; the prominence of the inner malleolus; perhaps the abnormal prominence behind the os calcis; the existence of three points of localized pain on pressure, corresponding to

the three points of fracture, or the equivalent rupture; the slight crepitus; and the possibility of moving the foot from side to side within the widened tibio-fibular mortise. The broken internal malleolus may be forced through the skin, and the joint thus be opened; or if the displacement remains unreduced, the skin over the malleolus may slough, owing to the pressure against the ragged edge of the bone. As previously stated, the foot sometimes has a tendency to slip backward so far that the body of the astragalus lies behind the tibia, which should not be overlooked. We may be puzzled at first to determine whether we have the second and third lines of fracture, or simply a rupture of the ligaments; but the treatment is essentially the same.

Treatment.—The line of treatment is to reduce the displacement completely, and prevent its recurrence. The former is easy, and so is the latter, if suitable dressings and common sense are used.

To reduce the deformity requires close attention and a full appreciation of the anatomical relations. Grasp the leg firmly with one hand and the foot with the other, half flex the thigh and leg to take the strain off the tendon achilles and the peroneal muscles, then lift the foot forward and press it firmly inward until you feel the astragalus resting against the internal malleolus. No chloroform is needed if you use this method of reduction.

A variety of dressing is recommended by as many different authors, as: Complete encasement in plaster cast; plaster molds anteriorly and posteriorly, which are separate, held by bandages, and can be removed easily; the fracture-box; Dupuytren's internal lateral splint, projecting below the foot; and, last and best, my own,—I call it my own, because I have never seen nor heard of its being used. My method—two splints, an internal and an external lateral—made by A. M. Day & Co., of Bennington, Vt., for fractures of the leg. They are made of light wood, one fourth inch in thickness, split into strips about one-half inch wide, and held together by being glued to a soft but firm kid lining, hence can be made to fit any leg. I adjust my internal lateral splint, properly padded, first, so as to produce a slight inversion of the foot, then apply external splint, both extending from the knee to even with the toes, then bandage. Care must be taken not to produce too great pressure on the skin over the points of fracture. Passive motion after eight or fourteenth day.

I have had two cases of Pott's Fracture within the last year and a half, treated them both with this dressing, and neither of the patients has the least stiffness in the ankle.

One patient, Mrs. L., broke her ankle about ten months since. I was called and placed the splints, and about four hours later was compelled to loosen the bandages on account of great swelling. How would your plaster cast or mold do in such a case? In the meantime her former family physician had called and had volunteered the information that she should have that in a plaster cast. When I called

again, the patient informed me of the kindly advice given her by her former family physician. I replied, "Very good, but I understand your case thoroughly and will be responsible for the outcome." In a few days the trained nurse thought the ankle should be put in a plaster cast, as Dr. this and Dr. that, with whom she conversed, said so (some of my regular brethren). I told that nurse very emphatically, if not elegantly, that she did not have a — — bit of right to think aloud in this case, and for her simply to follow directions. I heard no more of plaster casts, and the patient's ankle is as good as the other one to day.

I consider my plan better than a plaster cast because I can remove my splints whenever I please, repad them, adjust them, loosen or tighten the bandage, and produce passive motion every other day, after the eighth to fourteenth day, until I remove the splints entirely; then I put on an elastic anklet until strength through nature is restored.

Do not forget the passive motion, it is of the utmost importance.

SENILE SYPHILIS.

By J. A. Jeancon, M. D., Newport, Ky.

BY this I mean a syphilitic affection, *sui generis*. The form of the lesion manifested where the individual who has contracted it was of an age of at least sixty years and upward, and who may or may not have suffered from other diseases. The reason I call it senile is because the morbid character of its phases of development and ultimate termination, whatever it may be, are peculiar to itself, though having many—and especially the one specific to the senile form—characteristics of syphilis generally. Syphilis, either primary or secondary, is essentially a neuro vascular lesion, and nowhere do its symptoms manifest their dystrophic and atrophic character upon the essential tissue elements, as in senile syphilis. We are in the habit of considering syphilis from a classical tradition of its description, as regards its several periods of evolution, without regard to its genesis, and if I may so call it, its etiological moments. Of course we know that it is due to a specific corpuscular infection, yet as a general thing, only its chief characteristic as a destroyer of the most important tissue elements in its several successive stages, are overlooked. Like every other corpuscular infectant, its presence is always primarily manifested by an attack with increase of the temperature of the body, a more or less febrile phase, at first in a local sense as hyperemia and local development of nodular congestive abscess, with formation of pus, or an ulcerative destruction of the epidermic and subcutaneous layers of the portions of the body that come in contact with the incriminative organ. The intensity of the infection is not always in ratio to the disease-making element, but is more dependent on the power of the recipient of the infection to resist and modify the harm done,

A particle of syphilitic virus entering the body of a perfectly healthy individual, may give rise to a less intense stage of inflammation or fever, if unaccompanied by flogogenic masses of streptococci, or other morbigenous elements. The healthy living tissue is in one case better able to resist morbid matter, as well as morbid elements, than the other. Hence the clinical manifestations will be different under different circumstances. In the adult the period of incubation averages, according to Fournier, Lindenwurm, and Baerensprung, from 25 to 30 days. In old people over sixty, as noticed by actual observation, it took six weeks or more.

It might seem that this stage should be longer in old people than in the younger, on account of the naturally slower work of absorption of all sorts of animal matter in old age. The development of chancre averages in young people from six to seven weeks; in old age this stage is developed more slowly. The induration process in adults develops in from two to five weeks; in the old it persists much longer. Glandular swelling in adults may manifest itself clinically as early as the fifteenth day; in old age the earliest appearance is from the twentieth to the twenty-fifth day. Of course there are rare exceptions in this stage. According to Fournier, "there is a stage of development in the syphilitic infection in the adult of from six to seven weeks, manifesting itself clinically in the primary appearance of chancre and the early general symptoms, which in the old never appear earlier than two months, or even three months after the first appearance of the chancre. The later secondary manifestations, such as exanthemata and many formed syphilides, never appear as early in the old, and last longer than in the young. This same peculiarity may be noted in the phase of visceral symptoms. Taken all around, it may be stated that syphilis acquired after the age of sixty is far slower and later in its evolution than when acquired before that time.

As to prognosis, it can be stated that secondary and tertiary consequences may be as grave in one set of cases as in the other; but in old age the disease resists treatment far more than in the adult. It might be expected, as some authors have even maintained, that syphilis contracted at an advanced age would prove of a milder character, on account of the natural sluggishness of the circulation, yet the contrary is true. Especially in visceral lesions, old age is the very time when the most aggravated symptoms exist, and are the least amenable to treatment. Specific localization is also different from that of the adult, although of a similar disposition to that in the very young. Thus, after the age of seventy, the pharynx is seldom affected; the same is the case with the scalp. The gums are less affected in very old age by mercury than in the younger.

The most common eruptive symptom in old age is the syphilitic nodule, called the French measles. The annular or ring-form may exist, but not very frequently. Eruptive symptoms are usually of the papulous papulo-tuberculous kind. This tuberculous eruption may ap-

pear on the face, neck, the inferior part of the forearm or on the legs. The plaques may be of every variety. They may also invade the thorax alone, the abdomen only, or may appear on the plantar surface of the feet or on the palms. As a general rule, the treatment of this form of syphilis seems at first to progress very favorably, but the ultimate cure is either very slow or may be radically never. The permanent lesion persists under a milder and modified form. The tertiary forms, as a general thing, resist all treatment, by reason of the great change taking place in the blood elements proper. Both the serum and the plastic substances undergo morbid changes to an almost permanent state. Especially characteristic of senile syphilis are the lesions of the cerebral and cerebro spinal centers. Probably fully one-third of the cases of senile syphilis present these lesions, hence the great tendency of their hereditary transmission. Their clinical symptoms are early discovered as degenerations in these centers partly in the mental bias of the patient, as well as in the frequent anomalous congenital deformities. For centuries humanity has had to suffer and is still laboring under hereditary taint, transmitted by the offspring of syphilides, acquired in the thirteenth and fourteenth centuries. When by the coalition of the heterogeneous elements of population, which were in a nearly permanent state of warfare, and bore all sorts of pestilential plagues.

History shows there is a sort of alternation in the nature of lesions due to infections of different kinds; the one intensifying, the other mitigating primary infections when they become endemic. The primary forms of syphilis are not at all rare in old age. There may be all the forms, such as simple pustules, as well as ulcerative forms, in the same person, although the latter is not so frequent as in the adult. Of course the treatment must be according to the nature of the primary lesion. Cerebral symptoms may assume very grave aspects in senile syphilis. There may be delirium of different forms, sometimes even aphasic or paralytic symptoms, which may not become very prominent, yet they exist frequently, such as monoplegia, sometimes even more extensive paralysis, resembling local lesions, yet the character of the latter kind is unlike that of really localized lesions. The paralytic forms may precede the intellectual. They usually disappear with proper specific treatment.

Tertiary syphilides with ring-worm-like nodular infiltration of the skin, are peculiarly characteristic of senile lesions. These are due to miliary indurations of the dermatic tissues, and are of a more or less scaly form. The touch with the finger will show that the tumefaction is not superficial, but constitutes a clearly defined dermative infiltration resembling gummatous plaques or tumors. The iodides, in conjunction with inunction with iodoform, are the most proper remedies. Tertiary syphilitic gummata are essentially late developments of this disease, and may be confounded with or mistaken for scrofulous tumors. Indeed in old people leucocythemia often causes tuberculous

and strumous neoplasms, as well as heteroplastic enlargements with gangrenous ulcerations, involving the glandular tissue. Occasionally syphilitic struma is complicated in old people with heteroplastic formation ending in gangrenous destruction of the decaying tissue, and causing much confusion in the diagnosis, for the ulcerative surfaces usually end in ragged edges and many perforated or torn and denuded callosities. For differential diagnosis, the history as well as the course of the lesion must be taken well into account. The main character of the lesion is shown by its nature of arterio-sclerosis. This form of senile syphilis is mostly remarkable for its unyielding nature, and is resistant to nearly every mode of treatment. It may appear at times that there is some improvement, yet it is usually of short duration, and the lesion is always liable to perpetuate itself, however slow its ultimate evolution.

WHY I DISPENSE MY OWN MEDICINES.*

By W. M. Mason, M. D., Lodi, Cal.

MUCH has been said and written on both sides of this question, and to a certain extent each physician must decide which is best in his own particular case. As a general rule, most of the Allopathic physicians write prescriptions, while the majority of the Homeopaths do not, and I have often wondered if much of their success was not due to this very fact. Among our own physicians, those living in the larger towns and cities usually write prescriptions, while many of those in the country and smaller towns are compelled to do their own dispensing, as no good, reliable drugstore is within easy reach. It is a question in my mind if those even who have the advantages of good drugstores would not find it to their advantage to put up their own medicine, unless, perhaps, they own or are interested in a good drugstore.

A few notes, largely from my own experience, may serve to explain why I have reached this conclusion. We have here a town of fifteen hundred inhabitants, surrounded by a thickly-settled and prosperous country. The town is well supplied with business houses; among them are two good drugstores, as good, probably, as those usually found in much larger places. They keep as good drugs as the average, and are as careful and skillful in compounding prescriptions; in fact, there is little or no cause for complaint for these reasons; but, notwithstanding this, I have come to write fewer and fewer prescriptions, until I rarely write one at all, and the following are some of the reasons why I no longer do so:

Private dispensing leads to a more exact and intimate knowledge of drug action. One learns far more of a drug when he handles it many times every day than when he rarely or never sees it; or after it is in a compound you can tell but little about it. Its color, taste, and odor

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is concealed and its action modified by the other ingredients of the prescription, and exact and critical study is impossible. If expected results fail to follow its administration, you have no means of knowing which drug is failing to do its expected work, and for what reasons. You must find the particular druggist who compounded the prescription, and then depend on his word to know whether the drug was pure and of good strength, whether it was a fresh bottle, and from a bottle which he had used and found pure and strong. The druggist probably could not be very sure if he were ever so honest, and more than likely he would be very angry to have such questions asked him. But if you have used the identical drug from the same bottle in dozens of cases and never failed to see the prompt effect, you know exactly where to look for something wrong. This leads to the next point:

Private dispensing leads to more certainty and confidence in prescribing. You handle the drug day after day and month after month in all its forms, and become perfectly familiar with all its properties, and no one is going to impose a poor drug upon you, no matter how much it may be advertised. You give a drug day after day which you have tried perhaps hundreds of times and which you know to be strong and pure, and which has not failed to give prompt results, and then the next time you give it you are disappointed, and see no good results follow, you do not doubt the quality of the drug, the care and skill of the druggist, or anything else, but you know that you yourself have blundered in your diagnosis, and you at once go to work to correct the error, and then you find the remedy exerting its kindly action once more. No one who made this careful study and noted the prompt results, and has seen the most alarming and dangerous symptoms subside almost as if by magic under the power of carefully-chosen drugs, will ever become a medical skeptic. You become a merciless critic, not only of the exact effect of drugs, but their quality and mode of preparation, and also of your own slips in diagnosis; for you can know just where the fault lies, if no mistake has been made, results, not may or perhaps will appear, but must come with absolute and un-failing certainty.

Private dispensing makes one less liable to write "shot-gun" prescriptions. After you make a few mixtures, repulsive alike to the eye and palate of your luckless patient, and then fail to get any other result than a nauseated stomach, you will learn that it is both more pleasant and profitable to use a few well chosen remedies for their direct effect.

Private dispensing protects, to a certain extent, against unscrupulous rivals. Most of us have learned by sad experience that, however much our Allopathic friends worship medical ethics, they limit its application strictly to their own school, and well know that they would be far more likely to receive praise than blame for anything that would "take down" a dangerous rival of another school, no matter if it vio-

lated gentlemanly conduct as well as professional courtesy. Prescriptions put in their hands a very dangerous weapon, which it is just as well to avoid when possible. It is very easy, and by no means rare, for Dr. A. to say to some of his particular friends that it is no wonder some of Dr. E.'s patients do not improve faster. The silly fellow is using drugs that he considers almost unfit for the slop-bucket, for he saw the prescriptions himself in the drugstore. It is by no means rare to have the druggist make slighting remarks about your prescriptions, and it takes but very little of this work, if skillfully done, to do you a great amount of injury. In many places we are practically alone, and where the Allopaths are so numerous it pays the druggist to favor them, and he does it; and we can not blame him so very much after all; and the only thing we can do is to use the best means of defense within our power, and that often is best done by not giving them any possible chance to do mischief. After one has his head soundly rapped a few times, professionally speaking, by the club you yourself have put in your enemy's hands, you learn wisdom very quickly, and learn not to put temptation in his way; for you may be sure he will not resist very strenuously if opportunity offers to make it uncomfortable for you if he can.

Private dispensing prevents patients finding out what they are taking. I find it best seldom or never to tell my patients what they are taking. Many of them have a smattering of medical knowledge, and if they are told what they are taking, they will constantly study their disease and keep themselves in a state of nervous excitement, and be injured by the nervous strain, and by their mental attitude often neutralize, to a certain extent, the kindly action of drugs. Most of our best patients are intelligent and educated, and have no trouble in reading prescriptions or getting some one else to do so. Moreover, the druggist will always give them a copy of it if they ask him, and when he or any of his neighbors get sick—"just like I was"—he will have it filled and begin dosing with it. If it cures, all well and good; but if it half kills the unfortunate patient, the doctor gets all the blame.

Private dispensing prevents substitution and the refilling of prescriptions. The average druggist will fill his prescriptions with cheap drugs, or "something just as good," if he does not happen to have what the doctor orders, if he dares to do so, and it requires constant watchfulness on the part of the doctor to prevent this being done; and after the prescription is compounded it is very hard to detect the fraud. Druggists, almost without exception, will refill prescriptions whenever asked by patients to do so, no matter how much the doctor may forbid it. I requested a druggist once to refuse to refill my prescriptions unless by a written order from me, and the answer I received was, "The courts have decided that the prescriptions belong to the druggist after they have been filled, to do as he pleases with them." It is needless to say that I came to the prompt and unanimous conclusion that,

in the future, what prescriptions that druggist got from me would do him no good nor me any harm.

Private dispensing gives better control over patients. You give them the exact medicine you wish them to have. They see you prepare it, and know that no clerk has blundered or no dishonest druggist given them an inferior drug. You give them just the amount that will last them until directed to report again. They must come to you for more because they can not get the prescription filled, as they are almost sure to do if they have a prescription, no matter what you may say. They feel they are much benefited, and are sure that "another bottle of the same medicine will finish the business;" but the only place they can get it is from yourself, and you can decide whether to continue the same or make some change. In this way you can keep your patient under your constant supervision.

The only real arguments in favor of prescription writing are on the score of the economy of time and money which is secured thereby; but if everything is carefully managed, I am sure that here also the balance will be largely in favor of private dispensing, especially from a financial standpoint. Have the office and laboratory supplied with running water and gas, if possible; shelves and sinks for convenient laboratory work, and well supplied with laboratory apparatus; all sizes of vials, corks, and gummed labels within easy reach, and a full line of Lloyd's specific medicines, and as many of the chemicals and alkaloids as are commonly used. A boy can be employed, for a few dollars a week, to wash the bottles and put them in their proper place. Pure water, or, if the least suspicious of its purity, boiled or distilled, will be the best menstruum for the great part of your prescriptions. It takes but little time to prepare what few syrups and cordials you need at odd moments, or they can be purchased from the wholesale houses. Dispensing in this way is comparatively inexpensive, perhaps three to five per cent of the total practice. This slight expense is more than made up by the increased amount received. The average man likes to see what he is receiving for his money. The medicine makes him much better satisfied with the charges of the doctor, and consequently he is more willing to pay than when he pays a fee to the doctor and then must pay the druggist for the medicine in addition. The next time he is going to try to buy the medicine directly from the druggist, and thus save the fee for advice alone. This is, I think, in a great measure responsible for the universal practice of counter-prescribing by druggists, and it is only after they have spent considerable money in this way, and perhaps got themselves into trouble, that they will consult the doctor. When the doctor puts up his own medicine, and charges only a moderate fee for both advice and medicine, his patients will do but very little of this work. Then, again, if you are attending a patient in a family, and some of the other members are ailing, you rarely charge extra for writing a prescription; and if you do, the patient thinks it an imposition; but they will gladly pay for

medicine, and think nothing of it. And by keeping careful record, many dollars will be added to your account in the course of a month in this way, and you will make friends besides.

Let some of those who now write prescriptions try it for a year, keeping account of everything, and see how much their account is improved at the end of a year.

SKIN DISEASES—ACNE.

By E. H. Moore, M. D., Rew City, Pa.

[Continued from page 76.]

ACNE is originally a papular disease of the skin, consisting of small papular elevations, from the size of a grain of wheat, to that of a pea; but later in its course, may develop into pustules, tubercles, or abscesses. Its most frequent location is on the face, back, chest and shoulders.

Symptoms.—This is one of the most frequent of skin diseases, but owing to the apparent good health of those so affected, a physician is not always consulted. Acne is divided into, acne papulosa, acne pustulosa, acne hypertrophica, acne atrophica, and acne artificialis. With the exception of the latter, these divisions only represent degrees of inflammatory conditions, which may be present with or follow acne papules.

Acne may be scattered, or in groups; may occupy either the face, trunk, or even the whole body, with the exceptions of the hair of the scalp and beard and the palmar and plantar surfaces. It is found where the sebaceous glands are the most plentiful, and is usually accompanied with comedo, or seborrhea. In young people it develops most frequently upon the face; the forehead and cheeks being its principal locations. When older persons are attacked, it develops with most severity upon the back, spreading from thence to the shoulders, back of the arms, neck, chest and hips. When located upon the face, there are no subjective symptoms, the unsightly appearance being the only annoyance. This is usually a mild form, which is, no doubt, owing to the thinness of the skin, and generally consists of the papular and pustular forms, seldom becoming larger than a pea. Acne of the back, however, is quite stubborn and may be consecutively papular, pustular, tubercular, or develop into abscesses. These conditions may be all present at the same time, in any stage of development. Trophic, or atrophic changes may also result from inflammatory disturbance of tissues surrounding the glands. Temporary pigmentation, or cicatrices, follow the more severe forms. On the trunk, owing to the irritation produced by the clothing, and neglect in caring for the disease, there is frequently a severe pruritus, and where abscesses form, sharp pain may be present.

Etiology.—Acne appears in both sexes, generally at puberty, but may be present at any time between fifteen and fifty years of age. It

may result from local, constitutional, or artificial irritation. Its appearance at puberty is caused by reflex, due to physiological changes going on, peculiar to that period of life. Later in life it is apt to result from disturbance of the stomach, intestinal canal, or the genito-urinary system. It is claimed that dyspepsia, and dilation of the stomach are frequent causes. The rich, from over feeding, and the poor from insufficient food, are about equal sufferers.

Acne is said to be more common along the coast, than in the interior, which would indicate some climatic influence. Acne of the face, is often the result of paint, powder, or colored ribbon, used to freshen the complexion. Chemicals, flour and pulverized substances frequently act as an irritating cause to those who handle them.

Pathology :—Ignoring the consideration of microbic origin, acne is due to retention and decomposition of sebum within the sebaceous glands and hair follicles connected therewith, resulting in folliculitis or perifolliculitis. If the inflammation is of sufficient intensity, it is followed by the formation of pus, resulting in hypotrophic, atrophic and cicatricial changes, and partial or complete destruction of the diseased sebaceous glands and hair follicles.

Diagnosis :—The age of the patient, the location of the disease, its presence in various stages of development at the same time, the disappearance of old and appearance of new eruption, the lack of febrile symptoms, the tenacity of the affection, and the chronic character of the indurations are sufficient for diagnosis.

Prognosis :—First take into consideration the likelihood of obedience to instructions. So far as each papule or pustule is concerned, it is self-limited, but to prevent the appearance of others is the difficult point. In young subjects, the condition may be removed in a few weeks, but with older persons there are either chronic conditions, or established habits to overcome, which may prove very tedious. With the very best care it may prove incurable until it has destroyed all material on which to work.

Treatment :—This disease, is, in most cases, self limited, but without treatment may last several years. A serious difficulty in the treatment is, that the patient is otherwise seemingly in good health, and is very apt to make but feeble efforts to follow instructions. The treatment consists of two separate objects, first to get rid of the present eruption, and secondly to prevent new eruptions. The first can be accomplished by local and the second by internal treatment.

Local Treatment :—Commence the treatment at night. Bathe the parts in hot salt water for half an hour, then express or curette out the contents of the papules or pustules, and cleanse the parts thoroughly with hot water and soap; after which, apply a mild ointment until morning. For this one of the following ointments may serve a good purpose.

R—Erythoxylon, 3ss; oleate zinc ointment, 3ij; vaseline, 3j. M.

R—Resorcin, grs. v; pulv. starch, oxide zinc, aa. gr. x; vaseline, 3ss. M.

R—Naphthol, grs. x; vaseline, 3j. M.

If stimulation is indicated, the following lotions will answer the purpose:

R—Witch hazel, 3ss; spts. lavender, 3j; soft soap, 5ij; alcohol ad 3iv. Or soft soap 3ij, aqua dest. ad 3ij.

R—Tr. benzoin, 3j; corrosive sublimate, grs. v; glycerine, aqua dest. aa. 3ij.

In case of facial acne, the face may be dusted in the morning with a combination of sulphur and some kind of pink powder. Where irritation results from rough under-clothing, it should be replaced by some less irritating material.

Internal Treatment:—For this part of the treatment, a careful search should be made to learn the exciting cause, and an effort made to remove it. The stomach, intestinal tract and the genito-urinary organs are most to be suspicioned. The following remedies may be found useful in some cases. Antimony crud. is indicated by small, red sensitive pimples about the face, with thirst, white coated tongue, in connection with gastric irritation, grs. v, 2x, three times a day. Antimony tart., pustules on neck and shoulders, leaving blue cicatrices, gra. v, 2x, three times a day. Sp. Lappa, pustular condition all over the body, with irritation of the kidneys, dyspepsia and cachectic conditions, gtt. v, three times a day. Berberis, sensitive, annoying and highly inflamed pustules, leaving pigmented spots, associated with urinary and hemorrhoidal troubles. Belladonna, large, bright red pimples associated with uterine derangements gtt. xv, to water 3 iv, teaspoonful four times a day.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

EYE COMPLICATIONS FOLLOWING LA GRIPPE.

A tendency in many cases of influenza to attack the nervous system has caused an unusual number of persons to complain of eye trouble. In many instances there is severe pain on attempting to use the eyes for close work, and objects blur almost as soon as accommodation is called into use. In other cases the pain is constant, and so marked that no attempt to use the eyes will be made. The pain appears to be neuralgic in character, and the supra-orbital nerve is the most frequently affected. Movement of the eyeballs increases the discomfort.

The larger vessels of the ocular conjunctiva are congested, but the smaller ones are not often affected. The conjunctiva of the lids usually presents an uniform congestion. Lachrymation is often considerably increased, and more or less sensitiveness to light may be present. The sensation of a foreign body under the lid is frequently complained of, and results from the congested ocular vessels.

In the treatment of these cases, rest is one of the important factors, and the use of the eyes should be strictly prohibited. Locally if the secretion is thin and watery, use the following collyrium :

R—Morphine sulphas, grs. ij; Lloyd's hydrastis, 3ss; distillate hamamelis, aqua distillate, aa. q. s. ʒiv. M.

This should be dropped into the eyes every two or three hours.

When the lachrymation is not much increased, or is not watery, the hamamelis should be omitted, and a solution of boric acid substituted.

Internally, *sp. bryonia*, especially when motion increases the discomfort, and pain is present in the supra-orbital region.

Sp. gelsemium will be indicated where the pupil is contracted and does not respond readily to light. It is important to remember that contraction of the pupil occurs in convergence of the eyes, as well as in looking at near objects, and a bright light will also produce the same effect. It is not a morbidly contracted pupil, when on directing the eyes to a distant object, or shading them from bright light, the pupil dilates quickly. The use of *gelsemium* under these conditions will disappoint the physician.

If there is a bruised feeling of the eyeballs and surrounding tissues, *sp. cimicifuga*. Burning pain in the eyes and discomfort increased by quiet, *sp. rhus tox.* A stinging pain referred to the eyes or lids, with edema of the conjunctiva or lids, *sp. apis*. When the edema is excessive, *sp. apocynum*. When the action of the kidneys is deficient, the two latter remedies are especially valuable.

If the secretion from the eyes is watery and excoriating, which will cause redness and soreness at the external canthi, *liquor potassii arsenitis*. When the secretion is watery but not excoriating, distillate hamamelis, giving one or two drachms in four ounces of water, teaspoonful every hour.

The remedies mentioned have been found to meet the greatest number of cases, and their indications are usually very marked.

HYPERTROPHIED TONSILS.

Enlarged tonsils occur most frequently in children. After the age of thirty this condition is seldom seen as a recent change, although it may persist from childhood. The rule, however, is for the tonsillar enlargement to gradually disappear after the age of puberty. The cause of this condition is often the result of imperfect resolution of acute attacks, although it sometimes comes on without any apparent cause. The same causes that produce any form of pharyngitis may also be factors in this condition. Frequently in the female the tonsils will be found larger during the menstrual period, but what relationship exists between these structures is a mooted question.

Pathology.—1. Thickening of the cellular elements (soft enlargement). 2. Intercellular structures (hard or scirrhus enlargement). 3. Collection of retained secretion in the lacunæ (chronic lacunar ton-

sillitis). Where the mouths of the crypts are often everted and tonsils ragged.

Sometimes the tonsils seem to be divided into two portions, one above the other, separated by a fissure in which concretions of solid secretion may be found, the nidus for a pharyngeal or laryngeal irritation and reflex cough. The hypertrophied tonsils may be more or less adherent to the pillars of the fauces, giving rise to irritation and impairment of the pharyngeal muscles.

Symptoms.—The voice is frequently nasal, thick, quality impaired, and requires an effort to phonate. Hoarseness is not a symptom unless there is a laryngeal complication. Reflex cough is not uncommon. Impaired taste, smell, and hearing are frequently present. Difficulty in swallowing is sometimes marked. Nasal respiration is interfered with if the swelling is considerable. Snoring is a common complaint, from the other members of the family. Acute exacerbations are very common in cases of chronic hypertrophy.

Prognosis.—Good if the case is seen early enough so that complications will not interfere with resolution.

Treatment.—Hygienic conditions will be an important aid. *Sp. phytolacca* when the tonsils are not hard. *Sp. iris* is a good drug to combine with the *phytolacca*. Iodide of arsenic has been recommended in scirrhus tonsils. When the tonsils are indurated, giving a hard sensation to the finger, an operation will be the most conservative treatment. The use of injections is to be avoided. Ragged tonsils should be subjected to operative measures. Adhesions between the tonsils and pillars of the fauces should be divided.

DIAGNOSIS AND TREATMENT OF EYE-STRAIN.

The author's conclusions are so applicable that they should be noted by all who are in any way interested in eye work.

"The following axioms relate to the modern methods of diagnosis and treatment of eye-strain and are vital to the best results:

1. All errors of refraction (manifest and latent) should first be accurately determined, and as far as possible corrected for both distant and near points.

2. A mydriatic should be employed before suspected latent refractive errors are finally decided upon. Exceptions to this rule of procedure are rare.

3. The ophthalmometer of Javal should first be employed to detect and measure corneal astigmatism. Subsequently cylindrical trial lenses should be employed to verify the instrument of Javal or to detect astigmatism of the lens.

4. Neither retinoscopy, trial lenses, nor the ophthalmoscope are positive and trustworthy in estimating "latent" refractive errors. The former is probably the best of the three in skillful hands; but serious errors may be made, even by a competent retinoscopist.

5. A marked difference in the refraction of the two eyes should be corrected by proper lenses *at all times and for all points*. This is vital to good work on eye-muscles as a preliminary step.

6. Cylindrical glasses should preferably, but not necessarily, be set in spectacle frames, in order to lessen the danger of alteration in the axis of the cylinder.

7. No glass prescribed should ever be worn by a patient until they have been inspected and verified by the oculist who prescribed them.

8. The frames selected by the patient or optician should always be inspected by the oculist with care to guard against decentered lenses. Each pupil should accurately correspond to the center of the corresponding lens. In children, the frames may have to be changed from time to time, on account of the growth of the head and face.

9. Patients should be personally instructed by the oculist to observe any decentering of their own lenses, that often occurs from bending of the frames or nose-clips; also to personally test the vision of each eye separately from time to time (by means of a test card), to see if the refractive correction remains perfect.

10. Patients should also be cautioned by oculists to always have their lenses verified whenever they fall out of the frames and are replaced, or whenever a lens gets broken and a new one is made.

11. All tests made to determine either the power of the individual muscles of the orbit or the presence or absence of equilibrium of the ocular muscles, are of no positive value until all errors of refraction are determined and properly corrected by lenses.

12. The first "muscular test" made upon any patient by the oculist should be recorded as revealing only the "manifest" muscular error (in contradistinction to "latent" muscular errors); and these tests should invariably be made with the proper lenses placed before the eyes of the patient to correct refractive errors, if any exist.

13. The "manifest" muscular errors (revealed at the first examination) should never be regarded as possessing much clinical importance, except as possible pointers toward some special type of heterophoria and a guide to the oculist in searching for "latent" heterophoria.

14. The most positive and uniform standard of power in any of the ocular muscles (when studying some puzzling case of suspected heterophoria) is the *normal power of abduction*.

Whenever the abduction falls below 8 degrees, latent esophoria may safely be suspected; whenever it exceeds 8 degrees, exophoria is apt to be present—although genuine exophoria is less common than most oculists seem to suppose.

15. A marked difference in the *power of sursumduction* on the two eyes is always to be regarded as a suspicious of signs hyperphoria.

16. It is usually wise to follow up suspected latent hyperphoria with vertical prisms, prior to any investigation of apparent anomalies of the internal or external muscles, whenever hypo-esophoria or hypo-exophoria seems to exist.

Manifest latent anomalies of the vertical muscles in the orbit should be investigated first, as a rule, and rectified before co-existing anomalies of the lateral muscles are treated. There are exceptions to this rule of procedure, but it is a wise one to follow in most cases.

17. Whenever the refraction of a patient requires the constant wearing of glasses to correct it, the investigation of heterophoria by the wearing of prisms is most easily made through the aid of lorgnette frames that can be attached to spectacled frames by means of small hooks.

18. Operative procedures upon the eye-muscles should never be too hastily performed. It is vitally important, to insure the best results in any case, that the effects of accurate refractive correction (and possibly of prisms also) be noted for a time; and that repeated muscular tests be made in any case of heterophoria before any surgical steps for its radical correction be advised or undertaken.

It usually takes time, experience, modern instruments, and much good common sense to successfully solve a complex eye-problem and to rectify an eye-condition that may be causing eye-disturbances, eye-diseases or nervous derangements.—*Ambrose L. Ranney, M. D., New York Medical Journal.*

RHEUMATIC FEVER IN RELATION TO THE THROAT.

"For the present the question may be left out of discussion as to whether the 'open door' of infection is through the point denuded of epithelium, or not through the visible superficial parts and follicles but through the interfollicular spaces; or, finally, not through the tonsil proper at all but by way of the supra-tonsillar fossa."

The trend of the article indicates: "That there is a general acceptance of the view that an undoubted association exists between rheumatism and tonsillitis. This is expressed from two points of view: one is that the rheumatic poison enters the system through the tonsil, the inflammation of which is the first local expression of the disease; the other view is that tonsillitis is, in certain cases, one of the rheumatic manifestations of the rheumatic diathesis. These views are supported by numerous observations, of which I do not pretend to have given more than a selection. Many of the clinical records are too fragmentary to advance the subject, and it seems to me that the various theories which have been propounded are somewhat premature, and that it is much safer to await further pathological investigation to show which of our clinical deductions are trustworthy.

Further knowledge is required as to the nature of rheumatism itself and also as to the various causes and forms of tonsillitis associated with it. So far peritonsillar abscess, or quinsy, is one form which is not accepted as commonly of a rheumatic nature. It is not mentioned by Fowler or Mantle, and Hingston Fox excludes it as a rheumatic disease. Trousseau does not particularly refer to tonsillitis as a

forerunner of rheumatic fever, but to an evanescent form of sore throat. Evidently the subject will bear closer investigation.

The present state of our knowledge on the relation of tonsillar affections to rheumatism may be summarized as follows:

1. It is undoubted that a certain number of cases of acute rheumatism are preceded by an angina in a proportion varying from thirty to eighty per cent.

2. Both rheumatism and angina have many etiological points in common—season of year, cold, wet, fatigue, depression, vitiated air, etc.

3. The connection of angina and rheumatism, though undoubted in a number of cases, is not yet clearly established.

4. The tonsil may be the port of entry of the rheumatic virus, and this even although the naked-eye appearance of the throat gives no indication of being affected.

5. The particular affection of the throat which is associated with rheumatism is not yet established. Apparently it is not peritonsillar abscess (quinsy).

6. Peritonsillar inflammation does not appear to be arrested by the administration of anti-rheumatic remedies. Many cases of parenchymatous and lacunar tonsillitis, on the contrary, are considerably benefited by the administration of salicine or salicylate of soda. That this action proves the rheumatic nature of the disease cannot yet be accepted.

7. The question requires further research in two directions: One in differentiating the various forms of angina, and settling the one which is associated with rheumatism; the other in further research to discover the true nature of rheumatism."—*St. Clair Thomson, M. D., in Laryngoscope.*

PERISCOPE.

HYSTERICAL PAROXYSMAL ŒDEMA.

Edgeworth (*British Medico-Chirurgical Journal*) reports three cases of paroxysmal localized œdema. The first case was a man aged twenty-four years, who gave the history that he would go to bed quite well, and awake in the morning to find that some part of the body, the foot or leg, arm or hand, often the face, and rarely the thumb, had become markedly swollen. This would last all day, and gradually subside. There was a burning, itching pain in the slightly red, swollen part, which could not be indented by the finger. There was no anesthesia, analgesia, or thermo anesthesia of the skin in either the affected or normal parts. The patient was observed in several repeated attacks. In one attack the lips and the left side of the face were involved. There was no family history of any similar affection. The case was treated with arsenic in increasing doses, and the attacks became less acute and occurred only at greater intervals.

In reviewing the distribution of the areas of cedema in this case, Edgeworth decides that they were very similar to the alterations in sensibility in some cases of hysteria. The case was considered one of vasomotor neurosis of cerebral and probably cortical origin.

A second case, a man aged twenty-two years, had for twelve months been troubled with localized swellings of the hands, or hands and forearms or feet. These would last twenty-four hours, and then subside. In one of the attacks, in which one of the hands and forearms were involved, the affected area corresponded accurately with that covered by a high-buttoned glove. In this attack the skin affected by the cedema, and for some distance above it, was partially anesthetic to touch and to heat and cold, and totally analgesic to the prick of a pin. In this case the fact that the area of disturbance of sensation was not limited to the area of cedema alone suggested strongly that the condition was of an hysterical nature. The third case was that of a woman, aged thirty seven years, who would be awakened between 2 and 3 A. M. by a numb pain in the left arm, and finds that the arm from the shoulder downward was slightly hot, not red, but felt heavy. She would fall asleep again, and by morning the swelling would almost entirely have disappeared. In this case there was almost complete analgesia and thermo-anesthesia, while tactile sensibility was normal. Sydenham first described an hysterical cedema. It is rarely an isolated phenomenon, generally co-existing with arthralgia, paralysis or contracture. While its duration is variable, it is usually a most persistent phenomenon, and may last for years.

The cases reported by Edgeworth differ from these, more especially in their paroxysmal type, though otherwise they are similar. During recent years a disease has been differentiated, to which various names have been given: angio-neurotic cedema, paroxysmal cedema, vasomotor cedema and Quincke's cedema. The disease has been well described by Osler. It is characterized by local cedematous swellings, more or less limited in extent, and of transient duration. Severe colic is frequently associated with each attack. There is often a marked hereditary disposition. In one case the disease was traced through five generations in one family. Its pathology is quite unknown, though Quincke and most observers consider it to be a vasomotor neurosis. Edgeworth claims that his cases do not exactly conform to the descriptions of angio-neurotic or Quincke's cedema. He thinks that hysteria was an important etiological factor in the cases he reports. In the matter of treatment, arsenic in large doses is worthy of trial, and in one of Edgeworth's cases appeared to cure an affection which had lasted eleven years.—*Amer. Journ. Med. Sci.* W. N. M.

DUTIES OF THE MEDICAL EXAMINER FOR LIFE INSURANCE.

As a general rule, all risks recommended by the local examiner are accepted at the home office. Almost invariably, lives not recommended by the local examiner are rejected by the home office. A succession of lives accepted that fail to live out the period allotted to normal men of their age and rank, sooner or later tells disastrously on the balance sheet of the company. You can bear it frequently in mind that when all is said and done, conscientious, painstaking, careful elimination of all doubtful points, is in the main the only safeguard the life insurance company has against disaster.

The position of the life insurance examiner is in one sense peculiar. He may represent a company in a remote city. He receives the appointment and afterwards seldom, perhaps, has direct communication with the medical director at the home office. On the other hand, he is in almost daily communication with the agent of the company, is not unfrequently a personal friend, and is in a measure dependent upon his good-will for his position as examiner.

While few companies directly appoint or dismiss local examiners at the request of local agents, it is difficult to convince the physician, whose connection is so indefinite and uncertain with the home office, that all his interests are not allied to the agent and not to the medical director; yet it is to the medical director alone that he is solely responsible, and to the medical department of the company he represents he owes his appointment, and from it he receives his fee for the work done.

Appointments are made by the great life insurance companies of the United States in various fashion. Usually a promising name is forwarded to the home office, the agent having requested the appointment of an examiner at a given point, either to replace a loss by death or resignation, or when a new field is being entered to commence business. The home office makes inquiries through various sources, sometimes by personal correspondence with a medical referee in the state, sometimes by direct personal visit of an official from the home office, often by recommendation from the examiners of the same company in the neighboring towns associates perhaps in the same medical societies, and, if the credentials are found satisfactory, the appointment is made. A supply of the company's literature and copies of its blank applications are sent on and the examiner is duly installed.

It not unfrequently happens that a young physician, after gaining his first foothold in his future home, is solicited by an agent of some company the argument for life insurance being that he will be appointed an examiner for the company, and that the fees he will receive will more than pay the premiums on the policy. This method is not unfrequently used by unscrupulous agents as an argument to obtain business, and the result is almost invariably disappointing to the applicant concerned. He usually finds after a few months have

elapsed that the agent sends him little or no business, and he then discovers after some correspondence that he is only appointed a substitute examiner, or is informed that the appointment of examiner was made without authority from the home office and is therefore void. Before accepting any such offer, or entering into any such arrangement with any agent, it would be wise always to write to the home office and ascertain how far the arrangement is sanctioned there, and how many other examiners are already appointed in the same town.

The forms of application used by the various life insurance companies of the United States vary considerably, but in a general way they may be divided into two sections: An application which may be either an elaborate document to be filled out by the applicant himself, or a simple proposition for insurance carrying the applicant's signature, then a complete formal declaration consisting of questions to be asked by the medical examiner of the applicant, the examiner writing the answers with the greatest care. This is then signed by the applicant, witnessed by the examiner, and is covered by a warranty so called, namely a legal declaration that all the answers given are true and correct, that nothing has been withheld, and agreeing that the answers therein embodied shall form the basis for the contract of life insurance. Then usually comes the examination proper by the medical examiner: A more or less detailed description of the individual, a very careful scrutiny of his physical make-up, of his family history, of any previous illness he may have had, and a final summing up and opinion whether insurable or not.

In the early days of life insurance the medical examination was exceedingly simple and brief. The examiner asked a few questions, certified that in his opinion the applicant was in good health, and the paper was forwarded to the home office.

Perhaps, however, a glance at the various forms that I have picked up and will pass among you will show the elaborate care and scrutiny now thought necessary in order to exclude doubtful cases.

The statements made to the medical examiner usually comprise his age, his race, his social condition, whether married or single, his residence, his occupation and a series of questions designed to ascertain his personal habits regarding the use of spirits, malt liquors or other alcoholic beverages and narcotic drugs. Then comes the family history, the ages of the father and mother, brothers and sisters, and the grandparents. It is expected that the full details shall be given so far as the applicant can furnish them, and that no pains shall be spared to ascertain the actual facts in every case. Then comes a series of questions relative to the former history of the applicant; has he had any disease or symptom whatsoever. And in order to avoid any possibility of either the applicant or examiner overlooking anything of importance, most companies give a detailed list of diseases which it is required to be answered specifically yes or no; if in the affirmative, the full particulars, dates, degree of severity, and not unfrequently

the physician in charge. The applicant is required to state whether he has been successfully vaccinated, whether he is ruptured, whether he has applied for pension, if he has undergone any surgical operation, or in other words, he is expected to declare over his signature, and warrant his declaration, that he has had no disease of consequence since infancy, that he has no serious symptoms of disease, and that he believe himself to be at the time of the examination in perfect health". —*From lecture delivered before Yale Medical School, by Edward K. Root, M. D.*

ETIOLOGY OF BLACK TONGUE.

Wm. S. Gotthiel (*Archives of Pediatrics*, Apr. '99) reports a case of this rather rare affection in a boy of two years. The child had always been perfectly healthy except for the affection of the tongue, which had first been noticed at the age of one year. The mother had taken him to a physician at the time, and he was given some medicine which cleared off the deposit in a few days, but it had soon returned. The center of the dorsum of the tongue was occupied by a dark greenish, black streak, commencing abruptly immediately in front of the circumvallate papillæ, and extending down almost to the tip. It was about three-fourths of an inch wide posteriorly, narrowing gradually toward the anterior. The rest of the tongue and mucosa of the mouth were normal. The black streak was slightly elevated, its surface looked gelatinous, and it ended in rather an abrupt margin on either side, the rest of the dorsum being not even coated.

There was no apparent papillary hypertrophy, and none of the thread-like excrescences which had been noted in so many of the recorded cases, from which the name of hair tongue or black tongue has probably originated. Scrapings of the streak examined under the microscope revealed (besides normal epithelial cells of various kinds, detritus, and some small, round, spore-like bodies) masses of large irregularly oval, semi-transparent bodies showing a faint gray color under the lens. There were no pigment granules in them. Their grayish color was hardly apparent with the one-tenth immersion, but was plainly discernible with the quarter inch objective. These cells were unconnected with one another, were not arranged in series, and there was no mycelium. Some of the oval bodies showed buds, but none of the specimens examined showed cells in active proliferation. The discoloration disappeared in about a week under the use of a mouth-wash of a saturated solution of hyposulphite of soda.

The case differs from the earlier recorded cases of black tongue, in which the hypertrophy of the filiform papillæ was a marked feature.

Later observers, however (notably Ciaglinski and Hewelke and Sendziak), have described cases in which the papillary hypertrophy was absent. The two former also described a parasite similar to the one observed in Gotthiel's case, which they believed resembled the *mucor rhizopodiformis*. Parasitic fungi agreeing in morphological

appearance with those above described were also found by Dessico, Laveau, Lancereaux, Schech, Gubler, Gundobin and others.

The affection is apparently quite harmless, save for the slight discomfort it occasions.—*American Journ. Med. Sci.* W. N. M.

Artificial Dilatation of the Mouth of the Uterus during Labor.

In *L'Obstetrique*, No. 4, 1898, Demelin contributes a paper on this subject, giving the result of his experience in artificial dilatation of the mouth of the womb during labor. The method he advocates is bimanual dilatation, inserting one or more fingers of each hand within the cervix and gently enlarging the os, until all the fingers can be introduced. He employed this method in treating eleven cases of vicious insertion of the placenta, and among these patients had no deaths. In eclampsia the method has given him satisfactory results. It is, of course, to be employed only when labor has begun; if the patient shows no signs of labor, the eclampsia and toxie condition present must be treated independently of labor. If, however, such treatment produces no improvement after a reasonable time, labor ought to be induced. He recommends this method in sudden death or threatened demise of the mother, in place of Cæsa-rean section. In the interest of the foetus, this method may also be employed with a good chance of success. This is especially true where the cord is compressed or where the amnion has become infected. This treatment is especially indicated in abnormal presentations, such as the brow, the parietal bone, and cross births. It may occasionally be employed together with other operations, as before symphysiotomy and often before the high application of axis traction forceps.

When labor is so prolonged that material exhaustion is threatened, this method is also indicated. Demelin lost two of his 49 patients, one from eclampsia and one from apoplexy. He urges caution lest the operator extract the child before complete dilatation has been secured.—*Amer. Jour. Med. Sci.* W. N. M.

DIABETIC LARYNGITIS.—Patients whose urine contains an appreciable amount of sugar, but whose general health has not yet suffered, will often consult the physician for a peculiar dryness of the throat and insufficiency of the voice after use. On examination the posterior pharyngeal wall is found to be dry, smooth, glistening and copper-colored, and the vocal cords have a peculiar shiny, glazed appearance. O. Leichtenstern (*Munch. Med. Woch.*, April 17, 1900), considers these signs as diagnostic of early diabetes. With proper dieting, the parts will return to the normal, showing that there merely is a hypersecretion without pathological change, although the latter may develop in the form of a sclerosis when the diabetes persists.—*Med. News.*

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AFTER EFFECTS OF LA GRIPPE.

There are many physicians who deny the existence of the disease we call "la grippe." To these such a condition is an aggravated form of common cold, or as they contend, only the old-fashioned influenza, a term which they make elastic enough to cover all forms of severe acute catarrhal manifestations. There are others, and we are among them, who believe la grippe to be a distinct affection and a very serious one, even in its milder forms. The one characteristic of this disorder, which distinguishes it from most acute affections, is the persistence of a depressed condition or debility all out of proportion, many times, to the acute symptoms of the early catarrhal stages. Another feature that distinguishes this disease is the fertile condition it affords for the implantation of serious, and often fatal, after effects. Among the most serious of these are pulmonic and bronchial inflammations. Lesser trouble is chronic catarrh of the air passages from the nose downward. A cough may persist for months even though the lungs may never become involved. Even such a cough is serious, for it worries the patient, breaks rest, keeps up a state of debility, often induces hoarseness, and gives rise to excessive expectoration. We believe that the patient who has had genuine la grippe is in a serious position and should be warned to take the best possible care of himself and continue even after apparently well under a physician's care until the latter is positive that there is no further need of medication.

While reduced vitality is the greatest untoward effect of the disease itself we believe also that the injudicious use of certain medicines contributes largely to induce or foster such reduced vitality. While we find an occasional indication for acetanilid and similar agents, we rarely administer more than a few small doses and those at considerable intervals. We have never observed the need for large and continued amounts of such agents. On the contrary, we have seen cardiac and nervous complications which we feel satisfied were the results of such medication. We propose to mention here a few of the after-effects of this disease and the remedies which have served us best.

First, the debility, leaving out constant symptoms. We are aware that it is customary to whip up the over-worked nervous system with strychnine and associate powerful nerve stimulants. And have we not observed conditions in which such stimulation has been carried too far? Far better than too powerful medication is rest. Where it can possibly be done we persuade such patients to take a daily amount of rest in bed. A half hour's rest two or three times a day will often work wonders, where nerve stimulants only increase the nervous debility. When the overpowering weakness comes on, and after this affection it comes suddenly, we advise a cup of beef tea and rest—rest from every thing. If medicines are required we give them as specifically indicated. If the patient is despondent, sad, has no heart for anything, broods over the debility, or exaggerates other burdens, we find pulsatilla to give relief and assist rest. If there is an irritable condition inducing constant restless movements, and the tongue is characteristic of nervous involvement, narrow with prominent papillæ, rhus has served our purpose better than the powerful nerve tonics. A high degree of nervous tension, and particularly if the kidneys are not acting freely, is best relieved by moderate doses of gelsemium.

Cough is a persistent and serious feature of some cases. It is usually one or the other of three varieties, it is short, hacking, irritating, or it is rasping, tearing, and produces much soreness, both varieties being lacking in secretion; the third form is decidedly catarrhal, amounting almost to bronchorrhœa, the cough is loose, expectoration may be free and easy, or it may be abundant but tenacious, and there are loud mucous rales within the chest. The short hacking cough gets bryonia and ammonium chloride; the tearing cough gets bryonia, macrotys and sanguinaria nitrate; sometimes lobelia and sticta are demanded. If with any of these forms of cough there is tumultuous and rapid heart action lycopus is freely given. For the loose cough with abundant expectoration there are two good remedies and these are sulphur 2x and echinacea or echafolta.

Pain and soreness frequently follow in the wake of la-grippe, particularly if it has been in the form of nervous grip, or of rheumatoid grip. When the pain is decidedly neuralgic we have found rhus effective when its characteristic indications were present; arsenic, in minute doses, when intermittent and the skin is lifeless and muddy. Pain in the ears, of catarrhal origin, yields quite promptly to pulsatilla; if the pain is largely due to a swollen tonsil, phytolacca is also given. Myalgic pains usually yield to macrotys, or gelsemium; hyoscyanum or conium sometimes is indicated. The application of heat should not be neglected.

Insomnia is frequently an after effect of la-grippe and is a troublesome symptom to control. In the absence of special indications and failing to find any special cause we advise a hot bath and administer passiflora, provided the stomach is not in an irritable condition. We have frequently observed nausea and vomiting after the use of passi-

flora. A cup of beef tea well peppered will sometimes induce sleep, and cypripedium has benefitted in mild forms of insomnia.

Headaches of a catarrhal form persisting after la grippe have been best removed with iris, phytolacca, and bryonia. Debility of digestive organs is more quickly removed by careful attention to manner and regularity of eating, than by being over particular in the selection of food—flatulence and distress after eating yield nicely to nux and capsicum, colocynth and capsicum, or to colorless hydrastis as indicated.

The remedies mentioned are given in smallest possible quantities, and no attempt to force matters is made by giving the stronger agents or by increasing the doses of the medicines administered. Chloral and its congeners are shunned as we would shun the devil, and morphine is rarely administered except in severe neuralgia that cannot be otherwise relieved.

H. W. F.

I.—DISORDERS OF THE NEW-BORN CHILD.

The attention of the obstetrician is frequently called to some disorder or unusual condition of the infant at birth, or manifesting itself during the first few weeks thereafter. This may be simply a slight defect, of no special importance, merely calling for some minor attention on the part of the nurse; or on the other hand, as is often the case, immediate and careful measures will be required to prevent serious or permanent disturbance, as well as in some instances to save life. After the child has been washed, the physician should look it over, before the nurse continues with its toilet and dressing, in order to satisfy himself that it is in good condition, and nothing abnormal exists.

On the first visit subsequent to the delivery, careful inquiry should be made of the nurse relative to the child, especially as to the action of the bowels and bladder. Any unusual symptom or appearance having been discovered or reported, should be at once remedied or treated according to the nature and circumstances of the same.

One of the disorders that is quite frequently encountered in male children is an *abnormal prepuce*. This may be characterized either by an elongation, a constriction, or adherence to the glans; in either event considerable trouble often results. There may be in some cases complete retention of urine: again it may be voided with great difficulty, depending upon the condition of the foreskin. When there are only slight adhesions, and the opening is not occluded to any marked extent, very satisfactory results will often follow a careful dilatation and retraction of the foreskin, the part having been annointed with sterilized olive oil; a small probe, a delicate pair of forceps, or both, will be found useful in the process of dilatation. This treatment must be repeated once or twice a day, and continued until satisfactory results follow. Probably the safer treatment, however, and that which must be followed where the foreskin is unduly elongated, is circum-

cision. Among the Hebrews this is observed as a religious rite, and done on the eighth day after birth. When conditions demand it the operation should not be deferred, but attended to at once, or as soon after as the necessary arrangements can be perfected.

The preferable operation is to cut off the excess of tissue, and draw the mucous membrane and skin together with four sutures, equally separated, using very fine catgut; dress with gauze, oiled or covered with vaseline to prevent sticking, and apply a T bandage over all. Many physicians neglect to use sutures, declaring them unnecessary and their application tedious. They should, however, never be overlooked, as they prevent hemorrhage, as well as favor ready union; while in their absence troublesome bleeding sometimes occurs, and occasionally to quite an alarming extent. The operation should be done always with due regard to strict antiseptic measures.

The nurse may report a difficulty in the female child in urinating. Either but a small quantity is passed, or great pain seemingly attends micturition, leaving the child in distress, as well as nervous, restless, and uneasy for some time thereafter. Under such circumstances, usually if a careful examination is made there will be found a small quantity of a whitish, glutinous secretion just within the vulva. This is of an irritating nature, causing inflammation of the adjacent tissue, and as a consequence partially occluding the external meatus, inducing a burning and severe pain with the passage of urine. The trouble will usually readily yield if proper attention to cleanliness is observed, and the use of some mild astringent applications and washes is patiently followed for a short time. A very good plan is to wash the part gently with sterile water, or a warm solution of boric acid would be preferable if much inflammation was present. This should be followed by a wash of a weak solution of Lloyd's hydrastis, after which the parts should be treated to a dry dressing of talcum powder, bismuth, or something of the kind, and kept as free from moisture as possible.

Another occasional source of trouble is the umbilicus or stump of the cord. In some cases, where there is a fat cord and large vessels, a discharge of blood is noticed in from twelve to twenty-four hours after delivery. This varies from a slight oozing to a considerable hemorrhage. A second ligature tied sufficiently tight will usually overcome the difficulty. Again, there may be a slight inflammation or ulceration of the stump after the cord separates. This tends to disturb the child considerably, rendering it fretful, restless, and uneasy, crying almost incessantly. The application of a little glycerole of tannin on cotton will usually allay the inflammation as well as often stimulate the formation of granulations at the seat of ulceration. However, it is advisable in most instances to gently cauterize the point of ulceration by touching it with nitric acid; use a dressing of soft lint or cotton with gauze, allowing the part to recover itself with as little disturbance or interference as possible.

Our attention will now and then be called to a *protrusion* of the umbilicus, owing to a want of complete retraction back of the umbilical ring after the cord drops off. This may be the beginning of a troublesome umbilical hernia, if allowed to continue without proper attention. It is aggravated always during coughing or crying, and readily augments in size and extent. The only treatment needed, if attended to at once, is firm support by means of a compress and bandage. A small ball of cotton covered and enclosed in gauze, answers very well the purposes of an improvised truss if properly adjusted, covered with lint or linen, and snugly maintained in place by a bandage or adhesive strips. In the event of the condition becoming chronic, it will probably become necessary to prescribe the regulation hard-rubber truss.

R. C. W.

[To be continued.]

EPILEPSY.

That epilepsy is the most grave of all the so-called "functional" nervous diseases, none will deny, and patient and doctor alike are ever ready and anxious to try new remedies that give a promise of relief. A recent letter asking for *something* on epilepsy is responsible for this article. I am satisfied that one reason for so many failures to give relief is the common method of prescribing for the general condition, epilepsy. If one reflects but for a moment as to the etiology of the disease, he will see why this method of prescribing is the most unsuccessful. A very large number are either caused or aggravated by some one of the following reflexes so common to mankind:

In children, dentition, parasites in intestinal course, gastro-intestinal irritation and phimosis are the excitants that result in the final overthrow of a highly sensitive nervous system.

In the adult the exciting or continuing cause may be wrongs of digestion, endo-metritis, rectal irritation from hemorrhoids, papillæ, fissure, or undue contraction of sphincters; the impingement of nerve filaments by cicatrices following lacerations, urethral irritations or wrongs of the genital organs; and when an epileptic case presents, these many forces are to be carefully looked after, and if present, are to be corrected.

To prescribe the bromides or any other nerve sedative with these conditions present is the height of folly, and failure is the result. I have a case in my hands at present where the exciting cause is a gastric derangement. As long as the stomach is kept in good condition, and the patient is careful as to diet, she is free from an attack, but when she becomes careless and overtaxes the stomach, a seizure is almost sure to follow.

Orificial surgery has done a great deal to relieve these deplorable cases. I do not mean to say that a correction of these wrongs will always result in a permanent cure; many times the conditions are so established that they continue after the exciting cause has been over-

come, but even here there is improvement, the paroxysms are shortened, and the intervals between attacks lengthened.

Having then removed all exciting causes so far as we are able, we are ready to prescribe medicines. The bromides have been recognized by the profession as standing first in the list of remedies, and the bromides of sodium and potassium are the ones most frequently used, from thirty to ninety grains daily being the amount prescribed, the sodium salt being more often prescribed, as it does not disturb the stomach so much as the potassium salt. Many other remedies, such as chloral, cannabis indica, zinc, nitroglycerin, etc., have been used with more or less (usually less) benefit. I have been using, at the suggestion of Dr. Watkins, for the past six months, the following prescription :

R—Bromide of pot. ʒiij; sp. *cenanthe crocata*, sp. *solanum cin. aa.* ʒij; syrup of orange peel, aqua dest. aa. ʒiv. M. Sig, Teaspoonful every four hours.

I have found this to be an excellent prescription for my patients. In all these cases the patient must be careful as to diet—*never* overload the stomach.

R. L. T.

EUPHORBIA COROLLATA.

This is the large flowering spurge, or wild or American ipecac. As a remedy it is variously classified, having emetic, cathartic, diaphoretic, expectant, and epispastic or vesicant properties ascribed to it. In our opinion, it should not be mentioned or used as an emetic, because it is so harsh and even dangerous in its action. The same may be said of it when used as a cathartic. It is hydragogue in its effects, and either the hyperemesis or hypercatharsis may be followed by an uncontrollable gastro-intestinal irritation or inflammation that may cause death. Though *euphorbia corollata* will produce vesication, there are a number of remedies so far superior to it that it should not be classified as an epispastic.

It is only in the small dose, prescribed for its direct effect, and in specific conditions, that *euphorbia corollata* is worthy of praise as a remedy. It is not usually indicated in acute troubles. Its field of usefulness is in the treatment of chronic disturbances of the mucous membranes of the respiratory, digestive and urinary tracts. In these disturbances it relieves chronic irritations and promotes functional activity. It is indicated by atony; there are usually a furred tongue, a bad taste in the mouth, anorexia, constipation, colicky pains, and dysuria; there may be large watery stools, with tenesmus.

The *euphorbia corollata* may be prescribed with confidence in chronic bronchitis, laryngitis, etc., and in atonic digestive wrongs, whether they be stomachic or intestinal. In these the bowels may be either constipated or alternately constipated and loose. Or there may be either an obstinate-bilious diarrhea or dysentery, with large watery

stools and tenesmus, preceded by griping pains. These same indications make us think of specific colocynth in small doses; but it is our opinion that colocynth does not act so well as a remedy when the tongue is heavily furred and the digestive tract foul.

Euphorbia corollata may be used in certain cases of cholera morbus and cholera infantum; not usually in the beginning of the attack, but later, after any existing acute irritations have passed away. It is also recommended in some cases of aphthous sore mouth in children when there is a bad tongue, etc., with vomiting and diarrhea. Usually for this purpose we have superior remedies. It is highly praised for its beneficent action in checking those large, watery, exhaustive stools, so common in the later stages of phthisis pulmonalis.

When the indications as presented above prevail, *euphorbia corollata* is an excellent remedy in chronic visceral catarrh and bladder disorders of a below-par order. It may be studied as a remedy for the different varieties of dropsy, hydrothorax, ascites, etc. The specific medicine should be given in small doses, say two to twenty drops to four ounces of water, and of the mixture a teaspoonful every one to three hours. Large doses will prove disturbing, especially if given frequently or continued for some length of time.

W. E. B.

ERIODYCTION GLUTINOSUM.

This is the famed yerba santa, or sacred or holy weed, or mountain balm, for the introduction of which the late Dr. Bundy, of California, should have the credit. It is another mucous membrane impressor. It is decidedly stimulant, which makes of it a remedy to be thought of in prescribing for chronic or subacute inflammations only. While it seems to have some special predilection for the respiratory tract, yet it has been given many times, and with the most satisfactory results, in ailments involving the mucous membrane of the gastrointestinal tract, and of the urinary apparatus.

No doubt yerba santa has been studied to a far greater degree in the treatment of respiratory wrongs, and has been proven to be a remedy of no mean value in either laryngeal or bronchial catarrh, as well as in some of the severer complications of the pulmonic mucous membrane. Yerba santa has enjoyed a great reputation as a *cough* remedy, and as such it has been prescribed frequently and generally indiscriminately. As the irritation causing a cough may originate at any one of a dozen or more different places, it is not to be expected that any one remedy will prove a specific for cough. To some, yerba santa has proven a disappointment because of this expectation. Its field of action is in those cases where expectoration is easy and free, and not in the persistent, dry, hacking cough of irritation. This fact should not be forgotten. One of the commonest cough prescriptions in general medicine no doubt is yerba santa and *grindelia robusta* in vary-

ing doses and proportions, and it is usually written because the patient has cough. Usually little or no further inquiry is made.

Yerba santa, as in cough so in asthma, is not a specific for the disease; but it is an excellent remedy in many of those cases in which the mucous membrane needs stimulation and not sedation; there is profuse expectoration, the hypersecretion of a below-par, thickened, weak bronchial mucous membrane. There is no fever, but there is usually poor digestion, anorexia, etc. Certain cases of hay fever respond nicely to yerba santa.

Besides, as Dr. Bundy pointed out, yerba santa is frequently a remedy of great value, because of its stimulating effect upon mucous surfaces, in its action in bladder, kidney, and prostatic troubles. There is difficult and painful urination, and the secretion is heavy, and milky or cloudy.

The flavor or taste of yerba santa is both very agreeable and very pronounced—so much so that to a certain extent it will cover, wholly or partially, the bitterness of quinine; and in this far, it certainly is an adjuvant, because, as we believe, no remedy has its fullest and kindest effect upon the human economy when taken with great displeasure and disgust. These must certainly destroy or inhibit the absorption of any drug or of anything.

The dose of specific *eriodyction glutinosum* is from ten to thirty drops, well diluted, either in syrup or water. Many physicians prefer simple syrup, or a simple elixir of some kind. W. E. B.

CATALPA.

This remedy is made from the pods and seeds of the common "cigar" or "bean" tree, and it has not, so far as we know, received a very thorough study, especially by recent eclectic authors. It is credited with being a mucous membrane stimulant like yerba santa and *euphorbia corollata*, of which we have just written. It is said to be especially valuable in chronic bronchial troubles, manifest by oppression of the chest, uneasiness, etc. It should be studied carefully and closely if you have on hand an unconquerable case of asthma. It has some reputation, too, as a remedy in sympathetic or functional heart troubles. Our experience with the drug has not been sufficiently great for us to speak authoritatively concerning it. The dose of the specific medicine is from one to four drops every hour to four hours, in plenty of water. W. E. B.

MEDICAL NIHILISM.

This is what Dr. Bloyer, one of the editors of the *Eclectic Medical Gleaner*, writes in a recent number of his journal: "Some time ago we mentioned the fact that our Dr. Cooper received a prize for writing a paper for Merck's Archives. We are glad to announce now what we did not know then, that the gentleman who received the dis-

tinguished honor, the first prize, Dr. Heinrich Stern, is also an eclectic, a graduate of the Eclectic Medical College of the City of New York. We congratulate him and his alma mater. When it comes to materia medica and therapeutics, the eclectics are absolutely and certainly in it." Yes, and it is refreshing and gratifying to meet at least a few men who still are capable of growing enthusiastic over drugs. A little more of this injected into the disciples of the so called regular school might be of incalculable value both to themselves and their patients. The present nihilism and agnosticism among medical men is doing much to encourage quackery in and out of the ranks.—*Editorial Western Druggist*.

It pleases us to reproduce the above well earned compliment from the editor of the *Western Druggist*. Had it not been for the "despised" eclectics, much of the materia medica now in the hands of the world would have been unknown, lost perhaps forever. To the distress of the great body of American physicians of the regular school, be it said, their leaders have too often become either faddists, medical nihilists, or persons indifferent to medicine, and this fact is a cause of lamentation to thousands of worthy members of that branch of the medical profession. But that is not our kettle of fish; some day the great army of physicians under the regular banner will awaken to the fact that nihilism in medicine is but another term for professional humiliation.

This testimony to Professor Bloyer is well earned. He has been known to us as one of the most careful, most patient, most discriminating, and we will add, one of the most successful physicians. To this is due his satisfactory practice and his successful surgery. He believes in medicine, he *knows* medicine, he studies therapy and drug action, and he succeeds where a medical nihilist will fail and call on the Lord to witness that death was inevitable. Such men as Prof. William E. Bloyer are the men who care for the science of medicine; they are the men who prevent the profession from becoming medical agnostics and therapeutical nihilists.

J. U. L.

"TO CONTRIBUTORS.—With an intention to encourage thoughtful writing, the publisher is pleased to announce that in the future, upon request accompanying articles intended for publication in the *Lancet Clinic* alone, one hundred reprints or twelve copies of the journal will be gratuitously given, and as many in addition as the author may desire at an expense closely approximating the actual cost of such publication. It is the continuous purpose of the publisher to treat all contributors in a friendly and liberal spirit, and nothing that can be honestly afforded will be regarded as too liberal or too good for them to have and enjoy."

Dr. Culbertson is a man of perception and a man of experience. He catches the fact that a live physician is worth more than a dead author, and he has the courage to say it. The above editorial from the *Lancet*

Clinic may well serve as a text to hundreds of men who are in position to serve their fellow men. In our opinion the onward movement of medicine must come largely from physicians in active practice. Experience at the bedside is worth more than all the theories in Christendom. Scattered throughout this country are thousands of physicians who should give their brothers the benefit of their experience. The fact is, many of these men, not being in the habit of writing, fear criticism because of form or because of cumbrous expression. To such we say, the editor of a journal will take care of you in that direction. One of the duties of an editor is to correct oversights and to smooth copy. Write out an account of an interesting case, or give the result of eclectic treatment, or your experience with an eclectic drug, and send it to this or some other eclectic journal. You will do your brothers a favor, and will perhaps save distress or even death to some sufferer.

J. C. L.

HEROIN.

Heroin is technically a di-acetic ester of morphine, that is, a substitution product. It is a white, bitterish crystalline powder. It is an anodyne and a sedative and is recommended highly in the irritative coughs of phthisis and bronchitis and in conditions of dyspnoea. It is also useful as a palliative in asthma. The usual dose is from 1-24 to 1-12 gr.

This remedy has attracted considerable attention among medical men during the past few years, and has been lauded as a preparation which has many of the advantages and none of the disadvantages of morphine. Some months ago several medical journals contained articles stating that a number of ill effects had resulted from the administration of this drug, owing to its alleged cumulative effect, but later on this was denied, and the accidents were shown to be due to the improper administration of the drug.

According to the investigations of Deser and others heroin is ten times more powerful than codeine, while the same time the fatal dose of heroin is much less than that of codeine. A tabulated statement of its use in tuberculosis reveals that a quieting effect and diminution of the cough was secured in twenty-one cases out of twenty-five. As a general analgesic it seems to be less useful. Few unpleasant after effects follow the administration of the drug. The following may be considered a fair result from its correct use.—(*Prof. M. Manges, N. Y. Med. Journal*).

"In allaying coughs the remedy was very prompt and efficacious in a large number of cases; in some of these cases the larger dose of a sixth of a grain was required. It is to be noted that the unpleasant after effects occurred with these larger doses. The relief usually followed within half an hour after taking the drug. The cases were of the most varied kind, including acute and chronic bronchitis, emphy-

sema, bronchiectasis, pulmonary tuberculosis, pleurisy (acute, dry, and with effusion), coughing after anæsthetics, pneumonia, etc. In purely neurotic coughs the results were not so good. In some of the cases relief was most surprising, being obtained where codeine and other drugs had failed."

A TRIP TO EUROPE.

The writer is contemplating taking a two months trip to Europe, in company with Mr. Schaff, General Manager of the Big Four Railway Company. Together with our wives, we will leave Cincinnati, reaching New York in time to sail on the "Traube," April 6th, down to Gibraltar, and the Mediterranean Sea to Naples.

From there we shall go to Rome, Florence, Venice; thence to Vienna, returning through Switzerland, stopping at all of the principal places; thence to Berlin, Paris London, and home on the "Deutschland," leaving England May 31st. We shall have a few days in the leading hospitals of Europe, and if anything especially worthy of mention is discovered the readers of the Journal may expect to be advised. If you have any clinical cases for operation send them in to the college early in March.

L. R. E.

W. B. SCUDDER, M. D.

William Byrd Scudder, M. D., who was compelled to leave Cincinnati two years ago on account of failing health, has been permanently located in Denver for the past eighteen months and his many friends will be glad to hear that his health is improving and he is getting along nicely. He is located at Rooms 9 & 10 Union Block, opposite the Post Office, and devotes his attention to his specialty, the Eye, Ear, Nose & Throat. He has written an article for this issue of the Journal.

ORIFICIAL SURGERY.

A post-graduate course in Orificial Surgery will be held at the Chicago Homeopathic Medical College, corner Wood and York sts., Chicago, during the week beginning with Monday, April 29, 1901. The course will consist of a four hours' daily session, being both clinical and didactic. For particulars address E. H. Pratt, M. D., 100 State street, suite 1203, Chicago, Ill.

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MARCH, 1901.

No. 3.

BOOK NOTICES.

MATERIA MEDICA AND THERAPEUTICS. By J. V. Shoemaker, M. D.
Fifth edition, revised. Pages vii-770. Cloth, \$4.00 net. Philadelphia: F. A. Davis Co.

Shoemaker's *Materia Medica* has been long and favorably known among physicians as one of the most satisfactory and readable of old school works on therapeutics. In this edition a division of the work has been made, and this section constitutes a "*Student's Edition*." This has been necessitated on account of the multiplication of new remedies, chiefly of the synthetic series so popular in allopathic practice. Consequently this section of the work is devoted to those drugs and preparations which are now "official in the pharmacopœias of the United States and Great Britain, together with some of their modifications." This work is concise, and abounds in formulæ, and the metric system takes precedence of the English notation. The book is well printed and of handy size. A considerable amount of pharmacology and pharmacy is considered in the introductory pages.

We are somewhat surprised to find an author who is evidently as widely read as is Prof. Shoemaker, making such a statement as the following: "In the ordinary restricted sense, an eclectic is one who confines himself to vegetable drugs, or in other words, is a botanic physician, and in this sense it has been appropriated by a set of physicians who were formerly known as Thomsonians, from the name of the founder." Evidently Dr. Shoemaker derived the above "classic" from some old cyclopedia, and has not taken pains to find out by actual investigation—the only method a reputable author can afford to pursue—to learn what was the origin of the eclectic school, or in what the eclectic practice of the day consists.

Prof. Shoemaker started out boldly to give credit to eclectic authors for the statements his former books contain, and they were replete

with the good things of eclecticism. In this work, however, we observe a caution, probably enforced, not characteristic of his former works, as this book contains many things derived from eclectic writings. This hardly seems worthy of an author who extensively quotes other authorities so very freely. Probably the giving of credit to Dr. W. B. Squire, of Worthington, Ind. (most likely not knowing he was an eclectic) was accidental when he states that Dr. Squire uses "stavesacre in irritable bladder with painful micturition," a use common to the eclectics at large, and being one of the prominent indications given by Prof. Scudder in his specific medication studies. Nevertheless, if the author can not or dare not make up his mind to be fair to the eclectics, the impartial eclectic can not do otherwise than to commend the book to all students of medicine for the many good things it does contain. The one-sidedness of this book only emphasizes a great need of the teaching of an impartial medical history in our schools.

H. W. F.

A REFERENCE HANDBOOK of the Medical Sciences, embracing the entire range of Scientific and Practical Medicine and allied Sciences. By various writers. A new edition completely revised and rewritten. Edited by Albert H. Buck, M. D., New York City. To be completed in eight volumes. Sold by subscription only. William Wood & Co., New York.

This work embracing as it does the entire range of scientific and practical medicine and allied sciences, its value to the general practitioner, the surgeon, the gynecologist, the specialist, will be inestimable. The numerous chromo-lithographs are works of art, and present to the view of the reader the subject in so realistic a manner that it almost equals a clinical presentation of the lesion. Besides these there are 498 half tones and wood engravings in the first volume, which greatly adds to the value and interest of the subject matter. The first volume contains 799 pages. We note a few of the many good things in this volume.

Acne.—This article, by Geo. T. Elliot, is treated as thoroughly as is found in the more pretentious works on skin disease. The article is illustrated by four wood-cuts and two handsome chromo-lithographs.

Amputation.—Does the reader desire to refresh his memory as to an amputation, Dr. Joseph Ransohoff's 33 page article, with its 76 illustrations, will be found up to date, describing the most successful and recent methods.

Appendicitis.—Dr. L. McLane Tiffany writes interestingly on that subject that has been kept so prominently before the profession the last ten years. In this the general practitioner, as well as the surgeon, will be interested, for he gives the medical as well as surgical treatment.

Bladder.—Great progress has been made in the last few years in the study of diseases of the bladder. The use of the cystoscope by that master artist, Dr. Kelly, has simplified and made easy many

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EDITORIAL FROM E. M. JOURNAL.

things that were heretofore theoretical. Dr. James R. Crook, in a 34-page article, gives the reader a feast of good things.

These are a few of the many hundred subjects treated in volume 1. The articles are not merely old reprints from encyclopedias, but are new and fresh as the dawning century. Volume 2 will appear shortly. The work, when completed, will be a library in itself. R. L. T.

THE A-B C MANUAL OF MATERIA MEDICA AND THERAPEUTICS. By G. H. Clark, M. D. Philadelphia: Boericke & Tafel. Price, cloth, net, \$1.07. 200 pages.

Though a small book, in it the author treats of something like two hundred and eight or ten remedies. Each one is briefly treated according to this outline: Characteristics, toxic effects, dose, and therapeutic uses. Under "characteristics" are given, in as few words as possible, as it were, the specific indications; symptoms and effects of over-doses are given under "toxic effects." The dosage suggested is anything but homeopathic, as we understand it. (It is therefore from our standpoint very sensible.) For example, the dose of benzoate of soda is given at from five to thirty grains; of bicarb. soda, the same; of arsenious acid, from 1-30 to 1-15 gr.; of Fowler's solution, from 2 to 10 minims; of tincture canthus, from $\frac{1}{2}$ to 10 minims; of podophyllum, resin, 1-12 to 1-6 gr., etc.

There is some homeopathic reasoning in the preface as to the physiological, toxic and non-toxic action of drugs, and it is argued that drugs are given either for their non-toxic or for their toxic effect, and that "non-toxic doses of a drug are curative of diseased conditions similar to states induced by toxic doses of that drug." Whether we fully agree or not as to the how and why and when and where a drug acts, we pretty nearly agree with the author upon his therapeutic uses of a very great number of the drugs named, and we do not know how the subject could be made more simple. Altogether, the dollar is well spent that goes for this book, and the same may be said of the time spent in its study.

We are pleased to see these lines: Under aconite—"Is of little use for fever, *per se*;" under veratrum "Used to depress the heart in the first stages of acute inflammatory diseases, and where its excessive action is doing mechanical injury;" under baptisia—"Typhoid fever with loose evacuations, tenderness and distress of the abdomen," etc. We are with the author in all of these. The time is coming when fever will not always call for a sedative. Buy the book, then study it.

W. E. B.

RECIDIVENTS OF MODERN MEDICAL ELECTRICITY. By S. H. Monell, M.D. 12mo, 175 pages. Cloth, \$1.00 net. E. R. Pelton, publisher, 19 E. 16th st., New York.

This work is arranged in the form of questions and answers. The questions are framed so as to lead the mind to grasp the subject in a comprehensive manner. The answers supply the needed information

completely. In this manner the different forms of electricity, their methods of generation, the appliances with which they are generated, their use as therapeutic agents, their selection under different pathological conditions, and methods of application, are all clearly and plainly stated. Taken as a whole, it is a book that will prove to be of great value to any student or physician who is interested in electrotherapeutics.

J. R. S.

AMERICAN TEXT-BOOK OF PHYSIOLOGY. Edited by Wm. H. Howell, M. D. Vol. II. Royal octavo of nearly 600 pages, fully illustrated. Cloth, \$3.00 net. Philadelphia: W. B. Saunders & Co.

The first volume of this text-book has been reviewed in a previous issue of the Journal. The issuing of a second edition of this work in two volumes so quickly, shows its value. The second volume deals especially with the central nervous system, and has been re-written for this edition, to include the latest developments of this subject—physiology of nerve and muscle, special senses, special muscular mechanics, and reproduction. The work is thorough and up to date in all of its subjects, is a model text-book, and the most modern, gives the latest theories and discoveries, and is voluminous in all of its details. It is a text-book that is being used at the present time in many of our colleges, and will be in more. It is written especially for a student's text-book, but is useful to those practitioners interested in this science.

G. W. B.

A TREATISE ON DISEASES OF THE NOSE AND THROAT. By E. L. Shurly, M. D. 223 Illustrations and 6 colored plates, 744 pages. D. Appleton & Co., New York. Price, cloth, \$5.00.

In this work the anatomy and physiology of the regions treated of are quite fully described. There is a tendency to break away from the methods of treatment which have prevailed for sometime back. In acute rhinitis, the author speaking of local applications says: "Local applications to the nasal passages are of little value unless they contain cocaine hydrochlorate, which should not be used in stronger proportion than a two-per-cent solution, inasmuch as the reactionary effect upon the blood vessels, by tiring out their contractility, so to speak, is apt to be baneful."

I do not believe that the employment of cocaine should ever be made, excepting in some cases for examination. Tincture of iron is one of the standbys in the treatment of different affections of the nose and throat.

The author condemns, as dangerous, the administration of antipyrine. The value of aconite is recognized in the treatment of nose and throat diseases where there is elevation of temperature. Rheumatic affections are recognized, and the use of salicylate of sodium is recommended.

In acute laryngitis, the administration of tartar emetic is recommended. It is doubtful whether this drug is ever beneficial. In this

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so nicely when the disordered stomach demands the courtesy of appropriate treatment, if malnutrition and nervous exhaustion are to be overcome.

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disease, conservation of the strength of the child is important, and frequently repeated doses of this drug is of doubtful benefit. The administration of ipecac the author claims has been very efficient in his hands, and from my own personal experience would rely upon ipecac in these cases, and have found that when remedies will produce any beneficial effect, it will be obtained by the use of this drug.

In la grippe the author decries the use of the coal-tar series on account of their action as cardiac depressants.

In the article on intubation, directions are quite explicit and the methods for using the instruments are well demonstrated by numerous illustrations, showing the various steps of the operation.

The press-work and plates are first class, and the work is one that can be read with profit by any one interested in this line of work.

K. O. F.

THE CHEMISTRY OF EMBALMING. A concise treatise on the Elementary Theory of Chemistry, and Special Chemistry of Tissue Preservation and allied subjects. By Charles H. McCully. M. D. The Trade Periodical Company, Chicago, Ill.

This little work, originally the subject matter of lectures delivered by the author before the Indiana State Funeral Directors in 1899, constitutes one of the books of the Embalmers' Library Series. Though ostensibly for the use of the funeral director, it cannot fail to interest and to be of value to the practitioner of medicine. Physicians as a rule give too little attention to the matter considered in this book, and a little knowledge of this sort might prove extremely acceptable at times. The author, a graduate of the class of '93, Eclectic Medical Institute, is to be congratulated on the manner in which he has presented his subject,—clear, concise, destitute of verbiage, and practical. His outlines of chemistry, so familiar to those who have been taught in the same institution, are remarkably clear, and in themselves are an inducement to place the book in one's library. The book is in 4 parts, viz: Chemical Theory; Preservatives; The Chemistry of the Human Body; and the Chemistry of Putrefaction. A full index completes this 70 page booklet. It should find a place in the working library of every student and doctor of medicine.

H. W. F.

DISINFECTION AND DISINFECTANTS. A treatise upon the best known disinfectants, their use in the destruction of disease germs, with special instruction for their application in the commonly recognized infectious and contagious diseases. By H. M. Bracken, M. D. Published by The Trade Periodical Company, Chicago, Ill.

This little monograph published by The Trade Periodical Company, should be in the hands of every board of health wherever recognized. It deals in a systematic way with disinfection and disinfectants.

L. E. R.

TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

We are just in receipt of the National Transactions, which include proceedings of the thirtieth annual meeting, held at Atlantic City, June, 1900, with the reports, papers and essays. Volume 28, 8 vo., 416 pages, cloth. Edited by the Recording Secretary, Pitts Edwin Howes, M. D.

This volume compares favorably with any of the previous issues, and mechanically it is quite an improvement over the volume just preceding. It contains the Constitution as at present revised, and which, by the way, is now in very fair shape. The Treasurer's report for the year ending June 1, 1900, showed receipts to the amount of \$1419.00, expenditures \$881.68, showing a cash balance on hand of \$537.32. This shows that the National is in a better financial condition, and the annual dues can probably be reduced to the old amount, \$3.00, by the necessary vote in 1901 or 1902.

Section 1 embraces nine papers on *Materia Medica*. Section 2 ten papers on the Practice of Medicine. Sec. 3 six papers on Surgery, followed by three on *Orificial Surgery*, two on *Gynaecology*, three on *Orthopedic Surgery*, three on *Pediatrics*, four on *Ophthalmology*, five on *Obstetrics*, ten on *Neurology and Pathology*, ten on *Therapeutics*, five on *Specific Medication*, and two on *Physiology*.

The list of members foots up 442 active members in good standing, compared with 408 in 1899, 356 in 1898, 336 in 1897, 303 in 1896. This shows a substantial increase. Another thing which we cannot commend too highly is the resolution passed last June enacting that hereafter no application for membership will be passed upon unless it is accompanied by the initiation fee of \$7.00, which includes certificate of membership and the first year's dues.

Thomas F. Millard, who has contributed such illuminating articles on the situation in China to recent numbers of *Scribner's* will have in the March number a final article on "The Settlement in China." It is very plain-spoken, and shows the duplicity of some of the powers and the actual bad faith of others in their attitude and actions. He makes a very clear presentation of the problem that confronts the United States, and shows that this nation has so far won the regard of the Chinese by its fairness.

Maurice Thompson has ridden into fame on the charm of "Alice of Old Vincennes," but the complete novel which he contributes to the March *New Lippincott* will add other laurels to his crown. "Rosalynde's Lovers" is one of the sweetest and freshest romances of the heart ever penned by an American author. Its scene is in Indiana, like that of "Alice," and its treatment possesses all the felicities which have made that heroine a household word.

URINARY DIAGNOSIS AND TREATMENT. By John Wainwright, M.D. 134 pages and atlas. Price \$1.00. Engelhard & Co., publishers, Chicago, Ill.

This is a decidedly interesting and useful book. It is a book suitable especially for the practitioner, as it gives the practical information that he desires daily, and that in a concise manner. It gives the chemical and microscopical examination of urine and the clinical significance of the constituents present. Among the subjects discussed are Composition of Urine, Normal and Abnormal constituents, Use of Microscope, Bright's Disease, Diabetes, Favorite Prescriptions, etc. The atlas gives all of the sediments, organic and inorganic, as seen under the microscope. It is a book that is easily understood, and is certainly worth the price asked for it. I have already recommended it to my class at the E. M. I.

G. W. B.

COLLEGE AND SOCIETY NOTICES.

The 27th Annual Meeting of the Georgia Eclectic Medical Association will be held in the city of Atlanta April 1st and 2nd, 1901. The Secretary desires the address of every Eclectic Physician in the South especially the graduates of the Georgia College of Eclectic Medicine and Surgery.

There will be held at the same time of the Annual State Meeting, a meeting of the Alumni of the College. We want to hear from every graduate, as we are to have a Grand Banquet of Alumni on the evening of April 2nd. W. M. DURHAM, M. D. Secretary, Atlanta.

The Ohio State Board of Medical Registration and Examination, according to a report filed with the Governor by Secretary Winders, during 1900 issued 679 certificates to graduates in medicine and two to "legal practitioners" of ten years' experience. Six certificates were issued to applicants who passed an examination. The Board rejected 29 applications for registration as graduates, and 3 more for failure to pass an examination. The Board revoked two certificates, those of M. A. Roberts, of Stouts, Adams County, and of Chester E. Campbell of Grafton. The latter has pending an appeal to the Governor and Attorney-General.

Since the Board was established in 1896 it has issued 9,373 certificates to graduates, 725 to "legal practitioners," and 21 on examination—a total of 10,119. During the same period the applications of 215 graduates have been refused, as have those of 227 "legal practitioners" and 22 after examination—a total of 464 rejections.

READING NOTICES.

JUST NOW.—It is a matter of common observation that many cases of bronchitis will persist in spite of the continued, varied and judicious use of expectorants.

"The cough," says one prominent physician, "hangs on, harasses the patient with its frequency and severity, and is exceedingly liable to recur every winter—to become a regular 'winter cough'—with its sequelæ of emphysema, asthma, and, ultimately, dilatation of the right heart."

Dr Milner Fothergill of Loudon, insisted that cough of this character is due to lack of tone, not only in the general system but in the blood vessels of the bronchioles. This authority demonstrated that the only successful method of treating this form of cough is by means of appropriate systemic and vascular tonic medication. It is particularly in this class of cases that Gray's Glycerine Tonic Comp. has gained a most enviable reputation. This remedy, which is a most palatable and agreeable one, not only has a selective tonic and antiphlogistic action upon the respiratory mucous membrane, but it removes the ever-present element of systemic depression. The beneficial effects of Gray's Glycerine Tonic Comp. even in rebellious cases, are invariable and most pronounced.

INGLUVIN.—The Natural Glycocholic Acid in Ingluvine is the active principle and the most efficient agent in the treatment of all stomachic and enteric disorders.

Ingluvine is extracted from the lining membrane of the gizzard of of the species "Gallæ." It is far superior to pepsin of the hog.

Ingluvine is fast superseding other remedies in indigestion, dyspepsia, cholera morbus, cholera infantum and stomachic and enteric ailments. It is specific for nausea in pregnancy, alcoholism, seasickness, or from whatever cause.

Ingluvine causes absorption, increases peristaltic action, thereby removing accumulations from the mucous membrane. It allays inflammation, invigorates the debilitated organs and assists nature to perform her proper functions.

Ingluvine can be used in combination with other drugs, as is the case with pepsin.

As there is no tonic effect, the dose may be repeated as often as necessary. For dyspepsia, indigestion and sick stomach, caused from debility of that organ, 5 to 20 grains after each meal. For cholera morbus and alcoholism, 20 grains every two hours until relieved. For marasmus, 5 grains every four hours. For vomiting of pregnancy, full doses of 20 grains should be given; administer first dose immediately upon rising in the morning. In all other forms of nausea, from 10 to 20 grains until controlled.

CARBUNCLES.—Creel has relied on Ecthol given internally, in doses of a teaspoonful, in cases of carbuncle, flax-seed poultices applied locally, emptying of pus, scraping out of dead tissue and cleansing with peroxide of pydrogen; after this a topic application of Ecthol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—*Jour. Amer. Med. Ass'n.*

Gynecology in Nervous Diseases

Many nervous troubles in women have their origin in the affections of the

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NEURASTHENIA, EPILEPSY, many types of NEURALGIA and INSANITY may be caused by UTERINE or OVARIAN DISEASE. "A prompt resort to local medication will more readily offer relief than surgical procedure."

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are particularly adapted as a topical medication in these cases. They are *simple*, convenient and are tolerated by the most sensitive patient. The inflamed and congested condition of the mucous membrane quickly subsides under the palliative, astringent and antiseptic action of these Wafers and with the disappearance of the genital disease the nervous condition of the patient gradually vanishes.

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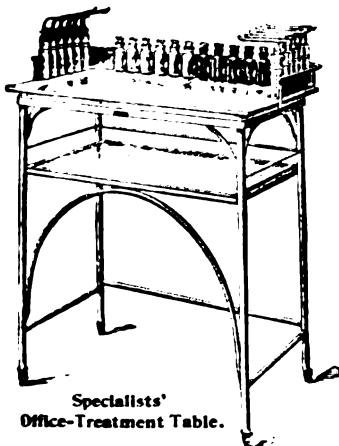
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ORIGINAL COMMUNICATIONS.

TREATMENT OF PROSTATIC HYPERTROPHY AND PROSTATITIS BY ELECTRO-CATAPHORESIS.

By S. H. Linn, M. D., Rochester, N. Y.

ELECTRICAL science has prepared the ground for the art of electro-therapeutics, but as yet we have only begun to see its possibilities. Who can tell what will be the effect when one can keep a sick man 24 hours under electrical treatment? Indeed who can foretell what will be the development of electro-therapeutics in this, the twentieth century?

Our art, our *raison d'être* as members of the medical profession, is to apply science to the prevention, cure, mitigation or alleviation of suffering from disease; and electro-therapeutics gives us special power towards preventing unnatural conditions of the body from becoming developed and towards bringing the unnatural back into the natural state. In fact we give nature an opportunity to employ her own remedy, electricity. For instance, when a limb is wounded we know that nature sends an extra supply of positive electricity to the wounded part.

Of the many milestones on the road that leads from the cradle to the grave, none are more profoundly marked than those of 42, 49 and 63; these are points in the life of men that show marked characteristics; at these points weaknesses develop, changes take place that lay men open to serious affections; these are times when men break down, when mind and body give way under unusual strain, and there is no organ that is more liable to suffer from this change than the so-called prostatic gland. Owing to the situation of the prostate, its lack of sensory nerves and its hidden position, serious affections of this organ may arise before any warning is given, and men blame kidney, stomach, nerves, etc.

In order that we may have a clearer understanding of the prostate and the parts involved, I will briefly describe its structure and relation to other organs, and mention the difference in opinion regarding what is commonly called the middle or third lobe of the prostate, which is the cause of much dissension.

The anatomical structure of the prostatic gland is given as a pale, firm, glandular body which surrounds the neck of the bladder and commencement of the urethra. It is placed in the pelvic cavity behind and below the symphysis pubis, posterior to the deep perineal fascia, and upon the rectum, through which it may be distinctly felt, especially when enlarged. In shape and size it resembles a chestnut and consists of two lateral and a middle lobe. The two lateral lobes are of equal size, separated behind by a deep notch. The third or middle lobe is a small transverse band, occasionally a rounded or triangular prominence, placed between the two lateral lobes at the under and posterior part of the organ. It lies immediately beneath the neck of the bladder, behind the commencement of the urethra and above and between the ejaculating ducts. Its existence is not constant, it is occasionally found at an early period of life, as well as in adults and in old age. In advanced life this, or some other portion of the prostate often becomes considerably enlarged, and projects into the bladder, thereby impeding the passage of the urine. The prostate consists of glandular substance and muscular tissue, the latter, according to Kolliker, constitutes the proper stroma of the prostate, the connective tissue being very scant and simply forming the trabecula between the muscular fibers in which the vessels and nerves of the gland ramify. The muscular tissue is arranged as follows: immediately beneath the fibrous capsule is a dense layer which forms an investing sheath for the gland; around the urethra, as it lies in the prostate, is another dense layer of circular fibers, continuous behind with the internal layers of the muscular coat of the bladder, and in front blending with the fibers surrounding the membranous portion of the urethra. Between these two layers strong bands of muscular tissue, which decussate freely, form meshes in which the glandular structure of the organ is imbedded. In the part of the gland which is situated anterior to the urethra the muscular tissue is specially dense, and in this situation there is little or no gland tissue, while in that portion which is behind the urethra the muscular tissue presents a wide-meshed structure which is densest at the upper part of the gland, that is, near the bladder; it becomes loose and sponge-like towards the apex of the organ, directed forward to the deep perineal fascia. The glandular substance is composed of membranous follicular pouches opening into elongated canals. The follicles are connected together by areolar tissue supported by prolongations from the fibrous capsular and muscular stroma, and are enclosed in a delicate capillary plexus.

Vischer says: "The prostate is a symmetrical body, composed of a

medium and two lateral lobes, the existence of the former, however, is said by some never to be present."

Ellis says: "The prostate is essentially a muscular body, consisting of circular or orbicular involuntary fibers; its circular fibers are directly continuous behind, without any separation, with the circular fibers of the bladder."

Dewitt says: "The prostate is essentially a circular involuntary sphincter to the neck of the bladder, and expeller of the seminal fluid; but although it contains many mucous glands and follicles, intermixed with muscular fibers, it is by no means entitled to the name of gland."

Enlarged prostate consists essentially in a hypertrophy or enlargement of the natural muscular structure and incidentally by congestion of the glandular. It may affect the whole organ pretty uniformly, or it may affect the postero-median portion which lies between the ejaculating ducts, enlarging it into what is commonly called the middle or third lobe. The consequence of this enlargement of the middle lobe is that there is a projection at the orifice of the urethra, causing a most serious impediment to the issue of the urine. Hypertrophy and derangement of the muscular fibers and near the trigone may produce a transverse bar at the neck of the bladder. The enlargement may be due to an increase of the organ generally, or to the development of one or many masses of fibrous tissue exactly similar to those concentric masses of muscular fiber which are developed in the womb, and are commonly known as fibrous tumors of the uterus.

Sir Henry Thomson says: "The middle or third lobe of the prostate does not exist in health, it is pathological anatomy and purely the result of unnatural enlargement. In young men the prostate becomes enlarged from interstitial plastic effusion, the result of inflammatory action; in age there is an unnatural development of the prostate tissue itself.

In the first instance it clearly shows that hypertrophy is associated with local irritation, congestion and disturbance of the circulation of these parts due to masturbation, excessive intercourse, irritating injections or urethritis. It may also be the result of old gonorrhoea or gleet; according to Erand and Montgani one half are gonorrhoeal, forming a condition of chronic congestion of the prostatic gland and mucous membrane lining the ducts and passages of the neighborhood.

In the second case an absolutely positive knowledge of the cause of hypertrophy is as unknown as that respecting tumors or enlargements of other glandular structures, such as the tonsils and thyroid for instance, cases of which are as common in early as in after life.

With advancing years calcareous concretions are sometimes deposited in the diverticula of the prostatic gland and thus augment the size of the organ. This pathological development, so frequent in the aged, ought not to be regarded as simple hypertrophy of the constituent elements of the gland, as it often is.

Hypertrophy is said to commence about the age when the hair begins to turn gray, when the arterial coats begin to become atheromatous, but this change is not universal although frequent. Persons not having a history of diseases of the sexual organs, masturbation or sexual excess, are seldom afflicted with this distressing complaint, although atrophy often takes its place.

Before considering the electro-cataphoric treatment of enlarged prostate I wish to say a few words regarding internal medication. It has been said that one might as well prescribe a gargle for goitre as to treat prostate enlargement by internal medication, but when the vesical mucosa has become inflamed by the decomposition of residual urine, internal and local medication may be used as an adjunct to the electro-cataphoric treatment.

One of the few drugs of undoubted benefit in cystitis is oxymuriate of bismuth. After thoroughly washing out the bladder introduce one drachm of bismuth, well agitated in four ounces of hot water; the ponderous character of the bismuth causes that which does not adhere to the mucous membrane to precipitate behind the prostate. Patients invariably express their satisfaction at the comfort derived from this treatment, and say that the desire to micturate is not so frequent and the reflex pain along the urethra is diminished. It is necessary to remove the whole of the bismuth by irrigation before administering a second dose, as the bismuth undergoes chemical changes in the bladder, being most probably converted into a sulphide, possessing no known therapeutic advantages.

Sandal, saw palmetto, sodium benzoate are used as adjuncts to the cataphoric treatment, but I have found the use of *cimicifuga racemosa* can not be too strongly recommended in conditions of relaxation or debility of the involuntary muscular system, chronic congestion with pain, much swelling of the prostate and debility or irritability of the walls of the heart, bladder, uterus or urethra, especially in combination with ergot, whereby a sharp, decided, energetic and continuous action is secured with lasting benefit to the patient.

My experience with the two agents just mentioned proves that the power of cohoosh to produce tonic and permanent contraction of involuntary muscle fibers, greatly augments the power of the bladder to expel its contents, and at the same time the mechanical obstruction to catheterism is removed by the lessening in size of the organ.

When called to attend a case of enlargement of the prostate from acute congestion, a hot bath, fomentations, etc., are the first steps to be taken; aconite may be administered internally.

Before using the soft rubber catheter inject hot olive oil into the urethra, either through the catheter to be inserted, or a larger one carried to the point of obstruction. Should all efforts fail puncture must be made, preferably by the rectum. After relieving the bladder irrigate the prostatic portion of the urethra with very hot water containing 1-10000 perchloride of mercury, then inject into the rectum

10 drops of extract ergot with 5 drops of tincture cimcifuga racemosa every two hours. Hot water irrigations of the bladder with boracic acid, 5 grains to the ounce, should be repeated every six hours. Lithia water should be freely taken. Sound may be introduced later, catheterize every 12 hours until the obstruction has been removed. The same treatment has been effectual in chronically inflamed and enlarged prostate when cataphoric treatment could not be made available.

My experience in the treatment of the rectum has led me to believe that constipation is a great cause of prostatitis and prostatic hypertrophy. In a healthy state the rectal mucosa lacks sensibility, except near the anal orifice, which accounts for the absence of pain when irritated by scybalum, etc. The irritation extends to the prostate, resulting in prostatitis and hypertrophy.

Success in the cataphoric treatment of the prostate via the rectum requires skill and manipulative ability. Many good speculums have been devised for rectal work. I use both the trivalve and the bivalve, the latter, of my own design, is very thin and the opening can be graduated in such a manner as to cause positively no pain.

After placing the patient in the proper position, the rectum carefully cleansed, a speculum inserted and the prostate exposed, the medicament is carried to the prostate by means of a suitable electrode, covered with moist gauze, carbolated 5 per cent, and then soaked in the medicament. The time required for cataphoresis depends upon the condition of the prostate. I have obtained better results by treating through the rectum than through the urethra, and find it better borne in many cases.

Some prefer to treat through the urethra, which is easily accomplished by using an applicator composed of a hard rubber tube closed at the distal end with a hard rubber plug; for about two inches from the distal end a number of small holes are drilled in the tube. A copper wire, to which the electrode is attached, is wound with absorbent cotton and dipped in the solution, then inserted in the applicator, which has previously been carried into the prostatic urethra. A current of 10 milliamperes is all that is necessary.

According to Professor Neiswanger, in using potassium iodide, which is decomposed by the current, the iodine being an electro-negative element has an affinity for the positive pole, and the solution must be applied from the negative pole in order to get the resolvent effects of the iodine in the enlarged gland. The negative being the decomposing and liquefying pole we have both polar effects of the iodine, each of which is indicated. The strengthening and toning of the detrusor muscles has quite as much to do with the successful termination as the reduction of the gland, and treatment through the urethra has considerable value.

The same reasoning with regard to potassium iodide holds good when applying it through the rectum. In applying iodide cataphor-

ically from a solution of potassium iodide we get a pure nascent iodide in the deeper fascia which is not so irritating as the same medicament in alcoholic solution. I have found the rapid changing of polarities of the galvanic current of great value in this treatment.

The value of electro-cataphoresis in all glandular enlargements is truly remarkable, it has proven of great value in the treatment of goitre.

TESTING REMEDIES SINGLY.

By E. R. Waterhouse, M. D., St. Louis, Mo.

IF we are to class therapeutics as a science instead of an art, and if we are to be scientific drug manipulators instead of artists, we must in our investigations discard as far as possible the retrograding influences of polytherapy and polypharmacy, and closely watch the actions of single remedies upon the patient in the various pathological conditions. Drug combinations are uncertain so far as a knowledge of definite results are concerned, as those combinations often give results much changed from administration singly. Note the change in the combination making simple acetate of potash. See what little chemical change converts calomel into corrosive sublimate, and when half a dozen or more remedies are mixed, under the idea that it is to scatter and cover the field like a gun loaded with a handful of bird shot, upon the recovery of the patient, we are in total ignorance as to what remedy has contributed to the cure. The polytherapeutist acknowledges that medicines are uncertain; while up-to-date eclectic teach certainties.

I have seen a physician at the bedside use Warburg's tincture for malaria, and add aconite and veratrum for the fever, bryonia for the cough, macrotys for lumbar pains, apis and eryngium for the irritation of the bladder, pepsin for the stomach, C. C. pills to improve sewage—all making a mixture of probably forty drugs in the patient's stomach at the same moment. Now this, to say the least, was very unscientific, and a hap-hazard way of prescribing. Why not medicate the primary lesion? And still he says he is an eclectic, being a graduate of a bastard eclectic college, where specific medication is ridiculed, and its advocates dubbed "Scudderites." My treatment would have been to remove the cause, and the whole train of morbid conditions would have faded, when the cause upon which they depended was removed. I would have given a drachm of Fowler's solution and the same of gelsemium in a four ounce mixture, and when the irritation of the nervous system had been removed, would drop the latter remedy. The "why" in this I believe is very plain to the thinking physician.

Within the last year I have treated numerous cases of typhoid fever, and aside from medicating some trivial complications for a day or two at a time, I have used a single remedy, and that remedy was echa-

folta, and I challenge any one to show the same records with his mixtures.

Dec. 28, was called to see C. W. Yard, clerk of a railroad terminal, age 31. Had carried a temperature of 105° for four days. Railway hospital physician gave him quinine, which on account of his fever, made him crazy. Found tongue dry and brown, with scales, dicrotic pulse, bowels bloated and tender, nose-bleed, chest and bowels covered with the characteristic typhoid eruption. Gave him *echafolta* 3iij in a four ounce mixture, with gtt. xx sp. *phytolacca* to moisten his tongue.

29th. Tongue moist, temperature 104½°, no change in bowels. Ordered enema of warm water and soap.

30th. Continued *echafolta* without *phytolacca*.

31st. Tongue again dry, temperature 104°. Added *phytolacca* again. Diet, boiled milk hot.

Jan. 1st. Eruption still on chest and bowels, patient sleeping well, temperature 104°.

2d. Tongue moist, drowsiness and stupor less pronounced, temperature 104½°. Boiled milk, one baked banana, saucer of ice cream.

3d. Patient better; temperature 103½°. Hot water and soap again, same diet.

4th. Patient comfortable, holding his own well, mind clear, temperature 103°. Same medicine.

5th. Patient very comfortable, skin dry, temperature 102½°. Pint of witch hazel and drachm of quinine. Shake well together, rub patient well all over night and morning.

6th. Patient hungry. Two baked bananas, hot milk q. s., more ice cream. Bowels O. K., temperature 101½°.

7th. Says he wants to sit up, drowsiness gone, eruption nearly all gone, tongue natural in color, red edges gone, but still broad, temperature 100½°.

8th. Favorable conditions continue, temperature 99½°. Boiled milk, oyster broth, and ice cream, (sick of bananas).

9th. Patient sitting up in bed, temperature 99°, eruption all gone.

10th. Temperature subnormal, 98°, feels good. Whisky toddy.

11th. Temperature normal, pulse good, hungry as a wolf. Restricted diet, gave nux, and one grain quinine every four hours; bowels moved normally. Patient discharged.

This is a history that may be applied to several cases of this disease with me within a few months, and the reader may draw his own conclusions. During the whole run of this fever the patient had the *echafolta* every hour while awake, and I believe that the power of the remedy to relieve septic conditions removed the primary cause, and the wrong of the nervous system, temperature and secretions faded in proportion to the removal of said cause.

CYPRIPEDIUM IN CHOREA.—Here I believe we have a remedy which, given singly, is a specific for chorea, provided we have the indication,

broad and puffy tongue, which condition covers nine-tenths of all cases of this disease. It is also the indicated remedy in all cases of nervous troubles where this tongue is found. As I have before advised gelsemium as a remedy far ahead of all treatment used by our regular friends, still lady-slipper will cure nearly all cases, and in very much shorter time. In the last five years I have had from half a dozen to twice that number of cases each year, and in no case have I taken more than thirty days to effect a cure. Probably the sum total will aggregate thirty or forty cases. I use ζ ss sp. cypripedium in a four ounce mixture, teaspoonful every two or three hours while awake. In two cases treated five years ago there has been a return of the trouble, which was relieved—one with two bottles of medicine, and the other requiring three, and in neither of these did I make more than one visit to the house. Some eclectic writers say this remedy is of minor importance, and that its action is very feeble; but when indicated, I will challenge the world to name a remedy that will take its place. As the treatment progresses, the tongue becomes less broad, and a diminution of its puffy thickness is a marked condition, which change will be noticed several days before there is any visible decline in the nervous twitchings.

I have given this remedy in cases of paralysis agitans showing this tongue, and have relieved three-fourths of the shaking; but as the tongue reaches the normal shape all improvement ceased. Under regular treatment I have seen children with chorea fed upon bromides until their minds were rendered unfit to perform their functions, and upon arsenic until their skin was like wax. Still the nervous disorder continued for years. This is also a fine remedy in the nervous conditions attending wrongs of menstruation, nervous stomach troubles, but you must find the tongue indicating it.

PULSATILLA.—About Dec. 1st I was called to see Maynard B., aged 49 (looked 65); found him in bed, hair hanging down to his collar, with scraggy beard; complexion indicated long sojourn in the house. He said, "Doctor, I did not send for you for treatment. I am going to die, and I want you to be able when the time comes to make out a certificate of death, so the coroner will not cut me up." It had been several years since he had been able to work, and had been tortured by doctors in large numbers. Calomel and tinc. iodine had fixed his teeth. His tongue was broad, thin, and light in color; base coated yellowish. I said, you have spells when you can't breathe good; think you are going to die in five minutes; feet and legs below the knee cold and wet. Then when you belch some gas you put off death for a while. He answered that this was the exact state of affairs. I assured him that I could cure him, but unless he got a set of "store" teeth he would require curing every six months.

Treatment.—Irisin, podophyllin, and extract nux, 1-10 gr. at bed time to get yellow off base of tongue; then discontinue the remedy. Also, $\frac{1}{2}$ drachm specific pulsatilla in four ounce mixture, teaspoonful

every two hours while awake. Diet, toasted bread softened in hot water, rare broiled steak. Should the spells come on, swallow a capsule of one grain capsicum. The man comes to my office occasionally after the "green looking water," and has been at work for fully a month; rests well, eats well, and above all, feels well. Pulsatilla did it; it will do the same for you.

I chanced to get such a case some time ago that lived in Indiana, since which time I have had half a dozen cases from there, each of which got well under pulsatilla. One case of eye trouble in a child of four years; went about the house with her hand as a shade, so sensitive were her optics to light. She was the child of one of the wealthiest brewers in this city, and they had spared no money to cure her, but in two years she was no better. I prescribed pulsatilla for an indicated stomach trouble, and before the stomach was cured the eyes were well. In two years her eye trouble came on again, and 20 drops of pulsatilla again righted matters.

Pulsatilla will do much for any catarrhal condition, be it nasal or all the way down to the case of "clip." With eryngium, queen of meadow, or tritica, to relieve inflammatory conditions, and stop the burning and ten-penny-nail chewing, the pulsatilla cures the discharge, and soon the patient is well, without resort to injections, unless ordinary hot water in the acute stage.

WHITE WOOD AS A TOBACCO CURE.—The readers will kindly pardon me for diverging from the caption of this article to tell them of a good reliable tobacco cure. The *liriodendron tulipifera*, also known under the name of poplar—white poplar, and white wood—is probably the largest of the lumber producing trees native to this country, excepting of course the giants of California. The inner bark has been used to a considerable extent, in years gone by, as a domestic remedy for malarial conditions, or infused in whisky as a tonic or bitters. This bark also constitutes a very efficient cure for the tobacco habit. The fresh inner bark may be chewed, or the powdered bark may be mixed with sugar and extract of licorice and pressed into a tablet, say of five grains of the bark. These tablets are to be allowed to dissolve in the mouth whenever the desire comes to take a chew or a smoke. The man who made the discovery cured himself, and he was the most inveterate chewer I ever saw. He also gave it to dozens of his friends with fine results, finally selling his receipt to a large drug house for fifteen hundred dollars. While the remedy is cheap, it is also harmless, and at the same time a fine stomachic, resembling gentian in its action upon the gastric organs.

CAPSICUM IN RECENT HEMORRHOIDS.—This very common disorder often gives us annoyance, as laboring in the human sewer is to many of us very distasteful. Here we must remove the cause, and once removed the digestive tract must be put into normal working order to prevent a re-establishment of this cause. We find a dilated condition of the hemorrhoidal veins, but this is an effect, not a cause. We find

constipation, which is another effect, and we are too prone to medicate these effects, rather than do more hard thinking in determining the cause back of it all. We may assuage the pain and soreness with astringents and anodynes. We may soften up the offending tumors with hot water. We may contract the dilated veins with hamamelis and cold infusoria, and make our patient more comfortable, but we have not yet reached the cause, which is an atonic state of the whole digestive tract. Give nux (preferably by saturating a two-ounce bottle of No. 30 pellets, and directing ten to be taken before meals; also direct powdered capsicum to be used upon the food, not to any disagreeable extent, but enough to constitute a pleasant seasoning. When the normal tone is regained, you have banished the cause. In this instance I regard the capsicum as being of more importance than the nux; still they work very harmoniously together.

Capsicum will cure anal fissure, so it will stay cured. It will never disappoint where we find the pale, broad tongue, and consequent digestive atony. Another admirable remedy to use in place of the nux is sp. dioscorea, 10 to 15 drops in a third of a cup of hot water, to be sipped before each meal. It improves digestion, and is especially useful where there is pinching pains about the bowels, or if such pain is aggravated by cold drinks. Remember I say specific, as the fluid extract will give you negative results.

LITHIUM BENZOATE.—Some time ago I called the attention of the JOURNAL readers to lithium benzoate as a single remedy that comes near being a specific for gall stones. It will also be noticed in Dr. Webster's book, and due credit given. It has not only done wonderful work in my hands, but has pleased many of my medical friends and their patients.

Put, say half a drachm, into a four ounce bottle and fill with water. Teaspoonful of the solution every two or three hours. Just how this cures and stops the elaborators of the "rocks," I am at a loss to say, but it does it. Of course it will do nothing to relieve the pain when the calculus is passing through the duct. You may be obliged to use chloroform, but as soon as the pain is gone, put the patient upon the remedy, and let him take it for weeks, or until all symptoms of the trouble are forever gone.

IN THE SAME OLD RUT.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

WHEN I was a boy there was a school for girls in the county in which I was raised, that was very successful in procuring pupils, but no one but the nearest neighbors knew anything of the school and its principles, as every thing was kept clear of investigation by outsiders. No commencement, no examination, for the public gaze—all was quiet and away from the rest of the world. The girls complained when they went home at the end of the year, but not

a word was written to parents that was calculated to cause any dissatisfaction. This was easy sailing until a new school was organized close by whose whole aim was public demonstrations, every body was invited, and every young lady did her very best to "get there," not only to enter the school but to carry away honors. It will suffice to say that school No. 1 soon declined, and school No. 2 flourished.

And thus it is with the old church of Rome and the old school of medicine, neither of which can stand investigation and liberality, and therefore both are destined to fold up and decamp sooner or later.

About fifteen or twenty years ago, the writer knew a physician who had been a surgeon of a regiment during the war, and a graduate of Jefferson. He belonged to a medical association (allopathic) in New Orleans, and wrote articles that were highly praised. He removed to Texas, and stood an examination by the State board, but after practicing his profession several years he returned to Mississippi, where he was soon invited to appear before an examining board of physicians for the State, or meet the sheriff for the prison or a fine, or both. He was rejected by the examining board, but through the influence of friends had a re-hearing, in which he was finally successful. In the mean time, a cause for not passing at the first examination was hunted by men of influence, but all that could be learned was that the "old man of pills" had been reading eclectic journals!

During last fall a wise M. D. wrote for a "regular" journal which claims to be very liberal and of great circulation, on erysipelas. He was of about twenty years' practice, and it seems that he was writing to show what great strides he had made in his treatment simply by investigation and experimentation.

The doctor began by treating the disease with tincture of iron, but it was not long till he let a fellow man go to the "great beyond," then he changed to jaboranda and local applications, but it was not long till some mongrel professor informed him that it was a purely local disease, and that Listerine with spirits of nitre was the remedy. He had gone no further, but the editor said that "it had the right ring"—so liberal in his investigations! But the writer "couldn't see the point," and therefore wrote an article for that journal headed, "The Same Old Rut," in which he explained that the doctor had not improved an iota; that he was in the same old allopathic rut, for listerine and spirits of nitre, regardless of the pathological condition, was no better treatment, if as good, as tincture of iron. Indeed, I was quite sure that the iron treatment would cure more than the doctor's *sine qua non*—the results of 20 years of allopathic investigation—but when the article was editorially dressed up there was only the tail allowed to be seen, which demolished everything that was calculated to cause the young M. D. to think for himself, and therefore arrive at conclusions which the regulars fight in every conceivable way, simply to prevent a fair investigation—something that they realize will cause them to box up and decamp.

But they have had their day, and gradually but surely they must crumble and fall into the more liberal systems, and finally disappear as do "the nations who know not God."

SKIN DISEASES—PSORIASIS.

By E. H. Moore, M. D., Rew City, Pa.

[Continued from page 147.]

PSORIASIS is a chronic, non-contagious disease of the skin, characterized by the formation of a quantity of silvery-white, adherent, pin-head scales, situated on the summit of inflamed papillæ.

Symptoms:—This disease is really of papillary origin, but attention is first called to it when the scales form, and it is of such a decided scaly nature throughout, that it seems best to place it among the scaly, rather than the papillary order. The disease usually begins by the formation of small, dry, silvery scales, at the summit of a small pimple and are called psoriasis punctata; the scale usually covering or extending beyond the inflamed area.

These are discrete at first, and increase to about the size of a drop of syrup and are called psoriasis guttata. These spots may form close together, in one or more patches, and each patch become covered by a continuous mass of scales, this form being known as psoriasis diffusa. These patches sometimes enlarge and unite with other patches, the epidermis becomes thickened, changed in character, and may thus spread until it encases a whole limb, or more rarely a large portion of the body, and is known as psoriasis inveterata. Psoriasis gyrata runs in lines and receives its name from the appearance of being twisted.

There are other forms, known according to their location, as psoriasis oris, ophthalmica, labialis, præputialis, scrotalis, palmaris, plantaris and unguinum. We will consider the disease as a whole, and as to severity only, without regard to the various divisions.

The scales, when removed, leave a bright, red glistening surface, which bleeds very easily, but rarely or never shows any other form of discharge. The disease may form on the scalp, and extend down on, into or in front of the ears, or on the back of the neck, but does not seem inclined to invade the cheeks, forehead or back of the ears. When it forms about the eyes or mouth, it is probably from inoculation by the finger nails. The mucous outlets are exempt, but here the appearance of psoriasis may be closely resembled by syphilitic or condylomatous conditions. The limbs or body are its common locations, and the extensor surfaces, where the epidermis is thick, particularly the knees and elbows, are its preferred points of attack. There are no general or systemic symptoms, the patient apparently enjoying good health during its course. In the beginning there may be some pruritus, but it is scarcely ever sufficient to annoy the patient.

Psoriasis of the palms of the hands and soles of the feet occurs only as a complication of syphilis. There seems to be a close relationship

between asthma, arthritis and psoriasis; not as a complication, but it is apt to appear during a temporary cessation of the latter.

Etiology :—Psoriasis attacks males more frequently than females and is most common between fifteen and thirty years of age. It is more prevalent during the summer and winter than spring and fall. Nothing is positively known of its origin, but it has been known to follow such diseases as scrofula, syphilis and rheumatism, which impoverish the blood and thus interfere with the nutrition of the skin. It is also said to sometimes result from nervous disturbance.

Pathology :—The pathology of psoriasis has been extensively studied, with varying and unsatisfactory results. There is a lengthening and great dilation of the afferent or venous part of the capillary loop as it leaves the affected papillæ, which perhaps permits the escape of white blood corpuscles, and thus furnishes material for the excessive cell proliferation, as well as explains the hyperæmic condition of the papillæ.

Diagnosis :—Psoriasis never attacks the mucous outlets, umbilicus, folds of the skin, nor behind the ears. It is not parasitic and does not cause alopecia nor cicatrices. It is known by the white, lusterless pin-head scales and altered base, which has a tendency to bleed very easily when the scales are removed.

There are no subjective symptoms except an occasional, slight pruritus, which is not annoying, and there is no discharge. The disease is usually chronic, will yield temporarily to treatment, but is very apt to reappear and has a history of repeated attacks. As the disease disappears, the patches begin to clear and show healthy skin in the center first. It may be mistaken for some other scaly diseases; to avoid which, will mention a few of their characteristics. Tinea is parasitic, has cup-shaped, sulphur-colored scales and the hair is loose, brittle and diseased at the roots. Lupus is localized, attacks the cheeks, and leaves cicatrices which are blue at first. Seborrhea is confined to the hairy parts, the scales are yellow and greasy, and the spots beneath are anæmic. Syphilis has mucous patches, enlarged cervical glands, and the inflamed area is copper-colored and is covered with thick, dark crusts.

Eczema is excluded by lack of vesicles, pustules and exudation. Dermatitis is accompanied by a fever, which simulates scarlet fever and has a duration of five or six days; the scales come off in large pieces, sometimes several square inches in breadth, are very thin and in great abundance, several scales frequently being cast off in one day. There is but little thickening of the skin, and the flexor as well as the extensor surfaces are attacked.

Prognosis :—In moderate cases, the physician can feel reasonably sure of relieving present condition, but the patient must be apprised of its probable return.

Treatment :—The treatment of psoriasis is generally not satisfactory, which is evidenced by the long list of remedies recommended.

Exercise, massage, bathing, and a diet consisting of a smaller quantity of nitrogenous food than usual, are beneficial considerations. Water from the various mineral springs is freely recommended, for which I do not doubt the proprietors thereof pay liberally.

Local Treatment!—The scales should be removed by first rubbing thoroughly with lard, olive, or cod-liver-oil, which should remain long enough to soften the scales, when they should be removed by washing with medicated soap. It may in some cases be necessary to scrape them off. The hyperæmic patches now being exposed, should be carefully covered with chrysarobin grs. x, vaseline ℥j, care being taken not to paint the sound surrounding skin, neither should a large surface be painted at any one time. This drug must be thoroughly mixed. As chrysarobin will stain both the skin and garments, the latter should be protected with a bandage and a brush should be used to protect the fingers. The treatment should be repeated every night. Chrysarobin may be dissolved in a small amount of alcohol and ether and then added to collodion, and painted on the part, which will prevent staining the clothing. In psoriasis of the head and face, pyrogalllic acid is a good remedy. It will stain the hair, but to a less extent than chrysarobin, and is painless to the skin surface. It is liable to absorption, which might cause serious results, therefore, a strong preparation should not be used on a large surface. It can be used in quantities ranging from grs. v, to 3ss, to lard ℥j. Another useful preparation is pyrogalllic acid ℥j, salicylic acid grs. xv, to flexible collodion ℥j. Glycerine gtt. xx, pyrogalllic acid 3ss, to alcohol ℥j, is also useful.

Beta naphthol ℥j, to alcohol or vaseline ℥j, is a good preparation, has a pleasant odor and does not stain.

Oil of cade, and oil of white birch are in use, but they are milder in action and slower than chrysarobin and have the disadvantage of a disagreeable odor.

Carbolic acid and creosote are used to form ointments or lotions and are sometimes used with success, but are less active yet than the preparations of tar. Acetanilid grs. xx, vaseline ℥j, would seemingly be a good preparation, but I have not used it.

Internal Treatment:—If the pathology of psoriasis is not at fault, as regards the distended capillary veins, and the indications for hamamelis are correct, I think hamamelis should prove a valuable aid to both local and internal treatment, as also should ergot. Sulphur in doses of grs. xx, three times a day, does well to commence the treatment.

Arsenic in the form of Fowler's solution, is perhaps the best single remedy for internal use, especially in the chronic form, and should be pushed to full endurance, at the same time keeping watch that the bowels do not become constipated. If there are any syphilitic complications, the red iodide of mercury, in doses of grs. 1-16 to 1-4, three or four times a day, will act better than arsenic. This remedy must be administered with care, as it is quite poisonous. Iodine may be used

when the skin is a dirty yellow, and accompanied with nervous irritation. Calcaria carb., for profuse sweating, scaly-rough skin on the legs, with pruritus. Muriatic acid in psoriasis of the hands and fingers, with a peculiar sensitiveness to damp weather. Nitric acid when accompanied with sharp pain and bad smelling urine. Iris vers. when the knees and elbows are affected, with digestive disturbances, and in syphilitic subjects. Phytolacca, when patient is rheumatic, with doughy, contracted appearance of the skin. Phosphorus, for psoriasis of the knees and elbows with dry cough, sore chest, numbness of the limbs and tubercular tendencies.

CACTUS AND PULSATILLA.

By A. B. Woodward, M. D., Tunkhannock, Pa.

IN an editorial in this JOURNAL for Feb. 1901, page 104, "W. E. B." says: "We would like to have Journal readers send us their experience with the two drugs, cactus and pulsatilla."

At the National meetings in Springfield, Ill., Pittsburg, Niagara Falls and Altoona, I tried to bring these two remedies (for they are similar) to the attention of the members then present—setting forth the effect of the combined remedies, also the effect of each when given singly, giving preference to the tincture of the phyllo cactus blossoms over all other preparations of the cactusses for giving results. I also gave the Journal at the same time an article on phyllo-cactus blossoms; can not now call to mind what year or month of the Journal. I distinctly recollect, however, of saying at some of the meetings, that the tincture of cactus referred to was a special heart tonic, and also gave remarkable results either alone or combined with pulsatilla; that I had seen great benefit derived from its use in nervous prostration, especially on the optic nerve and other nerves of vision.

My main hold, however, as a remedy, was combined with tincture of pulsatilla in female nervousness, when the lady was about to talk you to death with about this lingo; then I never stop to drop a certain number of drops, but pour out from one-third to one teaspoonful of cactus and one-third of a teaspoonful of pulsatilla tincture in a goblet one-half or two-thirds full of water, and order a teaspoonful every two hours, given after this lingo of an hour of "Doctor, I have such awful feelings that I certainly believe I will surely die in them. My heart beats, and sometimes it will not beat at all. What makes that? Doctor, doctor! I have such feelings in my left side all the way down, and I tremble so across and in my back, and then my heart feels so awfully and I shake all over. What makes that?" And a thousand other questions, and you must answer them all; and surely it requires a great memory to be a good liar, or the next time you have a talk you will catch it this way from the same person: "Doctor, you told me once it was so and so."

That kind of nervousness which has so much fright with it is the case for cactus and pulsatilla always, let it be female or male, but they will not do the business singly, to change the case in one day and night to that of hope and high spirits, after the story of, "Doctor, I know I'm dying!" Tincture of phyllo-cactus flowers, if made right, is a sure tonic to a weak heart, given alone or singly, and I never administer aconite without adding cactus to it in any case. However, it will not cure a real disease of the heart, if the case is organic, but will tide them along by giving tone to the sympathetic system of nerves, giving the tincture I speak of preference to any other preparation of cactus.

THERAPEUTICS IN ACUTE INFLAMMATORY TROUBLES OF THE LUNGS.

By G. L. Tinker, M. D., New Philadelphia, O.

IN an active experience of over thirty years in all acute inflammatory troubles of the lungs, I have found no internal treatment so reliable and effective as that now generally taught and accepted by eclectic physicians; and when I compare my own work with that in the practice of other physicians, following other systems or methods, I am continually thankful that I should have been one of the favored ones who were taught from the lips of the greatly beloved and lamented professor who first expounded the then new principles and practice of specific medication.

While the great superiority of our internal treatment is recognized, I desire to point out that it fails in some cases of acute inflammatory affections of the lungs, where there is a persistent high temperature. And it is because so many physicians have failed in these cases that they now resort to the use of the deadly coal-tar agents as a last desperate means to subdue a temperature and accompanying conditions which they are quick to see must lead to fatal results. The frequent reports of heart failure in these only attest the heroic means so vainly applied. And if any escape with their lives it is with a shattered and impaired vitality from which they may never fully recover.

Now I desire to offer to my fellow eclectic physicians a safer and better antipyretic than any of the coal-tar agents—*surer* and *better* even than our special sedatives to control high temperatures in disease. Furthermore, the treatment is original with me, and has been well tested in many forms of disease attended by high fever for about ten years past. I will say that it is an absolute specific because it *never fails* to control high temperature in disease, and with entire safety to life if properly applied.

My specific is nothing more than crushed ice. The reader will say the use of cold is old. Yes, true enough, but there is all the difference imaginable between the effective and non-effective use of cold, as well as in the proper and improper conditions in which it may be used.

The specific use of ice, then, involves the proper conditions and the effective methods for that use. In this only do I claim anything new.

I have seen crushed ice applied by means of rubber bags ineffectively. Cold was used, but without benefit. I have put patients in cold water, in the wet sheet pack, and packed ice around them, but in all of these cases the cold was ineffectual, or largely impracticable, or too troublesome to use.

As to the conditions, ice is an improper application generally where the blood temperature is below 104° F., and in all cases where it is below 103°. It is improper in the first stages of all the exanthematous diseases like measles and scarlet fever, etc. But if convulsions supervene after the eruption has matured, and there be high temperature, then ice properly applied is a specific. In any case I deem it improper to apply cold to the chest walls, or to the extremities, and especially in inflammatory states of the lungs.

The mode of application is by means of an *ice poultice*. The ice is crushed in a grain or other stout sack with an ax or hatchet to a mush. Place the ice upon a large sized muslin or cotton cloth, fold the edges over and pin. One poultice should be placed upon the head and one upon the bowels. The poultices should be large, and that for the head should reach the occiput, but should not touch the neck unless a woollen cloth intervene. A thin woollen cloth is first laid over the bowels, and then the poultice, and it should not reach above the short ribs, but may extend over the sides.

Some children will go to sleep directly, while others will make quite a fuss for a time, and then go to sleep. The first application is always most unpleasant. Subsequent applications often seem to be desired. If the case is severe, and especially if there is a rising temperature, it will not be reduced more than one degree in three hours, and it may take five hours to lower the temperature from 105° to 101°. The hands and feet must be kept warm by oft-repeated applications of heated woollen cloths. If the hands and feet be allowed to get cold, the patient will soon become chilly, although the temperature is not reduced. As soon as the temperature falls to 101° or 102° the ice should be removed, and the patient be given dry clothing. In one case noticed the temperature was reduced from 105° to 97° in three hours without discomfort or ill result. But I do not advise to reduce the temperature below 101°. In a few hours the high temperature usually comes up again; but with each application of the ice the length of time required to reduce the temperature is shortened. In one case, a child of eighteen months, the ice was applied six times in twenty-four hours. Usually three applications are enough for one day, and at length the ice need only be applied to the head, and finally a cloth wrung out of ice-water applied to the occiput will speedily reduce the temperature.

No ill results have so far occurred in the treatment of many cases of both old and very young; but there is invariably quick relief from often dangerous symptoms.

In one case, a child of eleven months with spinal fever, it was very interesting to note the changes in the pupils of the eyes. Every day for some days the temperature rose to 106°. First, the pupils began to contract until they reached a point, then dilated above normal, when the child would become unconscious.

Ice applied. Pupils quickly began to contract until they reached a point, then dilated again to normal size, when the child again became conscious. It recovered.

In children the pupils are nearly always contracted with a high temperature; but they quickly dilate upon the application of ice.

Since using the ice in pulmonary troubles, I have not used veratrum so much. I prefer aconite and ipecac internally, and lobelia and ipecac upon the chest. In the later stages of bad cases I give five to ten drops of whisky every two hours to a child to promote expectoration. The ice reduces both the pulse rate and respiration, and promotes sleep. Most cases recover in from three to five days.

I have stated above that our internal specific medication will fail in certain cases of very high temperature. We will take a case with the following symptoms in a nursing child of ten months, sick five days: Temperature 106°; pulse 160; respiration 70, labored; cough tight and severe, great soreness of chest, great distress and constant moaning, heavily furred tongue, nausea and frequent vomiting, pupils contracted, loss of sleep for two days.

Would the ordinary treatment relieve such a case as this? Let any careful physician consider it, and think what he could do to save the child. Let him think of the coal-tar agents, or the ordinary cold water sponging, and see what hope he could offer the weeping parents of a much loved child. Yet specific medication, conjoined with the use of crushed ice as described, saved this case, and it was practically out of danger in three days time.

ERYSIPELATOUS INFLAMMATION OF THE SCROTUM.

By N. A. Herring, M. D., Benton Harbor, Mich.

ERYSIPELATOUS inflammation of the scrotum is of a rather rare occurrence, as during a period of twenty years of a rather extensive practice, I have only met with two cases. I thought it would be of interest to the Journal readers to make a report of my second case, which occurred in the city just recently.

Mr. E., age 30, called at my office Jan. 10th, complaining of dragging pains in the region of the scrotum and testes; he complained of having had chills, followed by fever and a general feeling of languor and lassitude. Upon examination I found he had a temperature of 102°, pulse 98, free, tongue heavily coated, with dark red ridge through center; the scrotal sack was considerably swollen and of a dark purplish red color, with considerable pain and tenderness in spots on

pressure. I ordered him to go home and go to bed, and put him on the following treatment:

For internal use I gave him—R *Sp. veratrum*, *baptisia*, *phytolacca*, *echinacea*, *aa.* gtt. x; *aqua*, q. s. $\text{\text{℥}}$ iv. M. Teaspoonful every one or two hours.

Externally I applied the following: R—*Sp. veratrum*, $\text{\text{℥}}$ ij; acid carbolic, dilute, $\text{\text{℥}}$ j; boracic acid, grs. x; *aqua*, q. s. $\text{\text{℥}}$ ij. M. Apply with a cloth to parts every four hours.

On the morning of the third day I noticed indications of sloughing, and noticed a dark, very offensive fluid oozing through the outer skin of the sack. I immediately made several free incisions, and using an exploring probe found great quantities of the above mentioned dark, offensive fluid which had collected between the outer and inner walls of the sack; besides, the scrotum had become swollen to the size of an ordinary osage melon and very painful. After the free incision I ordered dry warmth constantly applied, using the external application above mentioned, also sustaining patient with milk and broths. The temperature had dropped on the first day to 100° and pulse had been soft and dropped to 78. I ordered patient sponged off every day and parts affected kept aseptic. After the fourth day there was a gradual decline in the swelling, the discharge keeping up freely. I now changed the internal treatment to—R *Sp. echinacea*, gtt. xxv; *sp. phytolacca*, gtt. xxv; *aqua*, q. s. $\text{\text{℥}}$ iv. M. Teaspoonful every two hours. Externally I used *sp. phytolacca decandra* berries, applying it freely to sack three times a day; also using a wash on the surface of—R Carbolic acid dilute, $\text{\text{℥}}$ j; boracic acid, gr. xx; *aqua*, q. s. $\text{\text{℥}}$ iv. And now, the 24th day, the patient is able to be up and around, and says he can not find sufficient victuals in the house to satisfy his craving appetite. The sack is about down to normal size, and having advised him to keep up the internal treatment for a week or so longer, and when he goes to work to wear a suspensory bandage, I discharged him cured, and he expresses himself very grateful for so promptly relieving him of what he considers a very unpleasant condition.

CIMICIFUGA RACEMOSA*

By H. T. Webster, M. D., Oakland, Cal.

CIMICIFUGA is one of the old indigenous remedies, though not among the oldest, as *baptisia*, *lobelia*, *asclepias*, and others were described and allotted their therapeutic places by Cutler, Thacher and other writers before them.

Thacher, however, called attention to the remedy cursorily, in his American New Dispensatory, though without giving it a separate head in 1810, and Bigelow, in 1822, described it fully, ascribing to it virtually about all the therapeutic qualities we now recognize. Six years later,

* Reprinted from Transactions National Eclectic Medical Association, June, 1899.

1828, Rafinesque bore testimony to the same statements, describing it under the name "*botrophys racemose*."

It may here be stated that Thacher referred to it as *actea racemosa*, and Bigelow as *cimicifuga racemosa*.

It will thus be seen that several botanical names have been applied to it. And at least four of these can be readily called to mind, viz: *Actea racemosa*, *cimicifuga racemosa*, *macrotys racemosa*, and *botrophys racemosa*. Rafinesque's title did not attract much attention, and the term *botrophys racemosa* is seldom heard; it may be said to have become obsolete. Probably the most suggestive title belonging to the remedy is that give by its aboriginal introducers, "squaw root," since that calls attention to some of its remarkable therapeutic properties, while the botanical names are largely employed on account of the physical resemblance of the plant. For example, the term *actea* refers to the elder, a resemblance, to some extent, existing between the green *cimicifuga* plant and young elder shoots. *Cimicifuga* comes from *cimex*, bedbug, and *fugare*, to drive away, and means "to drive away bed-bugs," a property which the plant may, or may have been supposed to, possess. *Macrotys* is derived from *macrotis*, a term meaning "one who has long ears," and is applied to this plant from the length of its capsules. *Botrophys* suggests "a cluster of grapes." *Racemosa* signifies "in clusters like grapes." The common names are black cohosh, and Indian name; rattle weed; black snake root; and squaw root, applied indiscriminately to this and *caulophyllum*.

While *cimicifuga* may be claimed as an Eclectic remedy, since Eclectics have so assiduously cultivated its acquaintance, it will be readily seen that it was well known long before American Eclectics were, even if we exercise the widest scope of imagination as to their antiquity. It possesses few recognized qualities not known early in the nineteenth century. If we study the matter carefully, we will observe that its value in rheumatism, its application to amenorrhœa, its value as a partus accelerator, as a partus preparator, its application to chorea, indeed, all its common uses, were pretty well known ninety years ago.

The difference between then and now however is, that they were not then so widely made avail of as now, thanks to the enterprise of Eclectic physicians, largely.

One property which has been extolled exclusively in more modern time, is the application of *cimicifuga* to debilitated conditions of the male sexual system, a property which, I believe, originated with Doctor George M. Beard, early in the '30's.

As a remedy for rheumatism, *cimicifuga* possesses valuable properties, but these are limited. It is conceded that it is not applicable to inflammatory conditions, and that it does not influence, to a marked extent, articulatory structures. It is the remedy or a remedy for muscular rheumatism, or, in other words, for muscular pains, myalgia.

Outside of this field it is not so satisfactory a remedy for rheumatism as *jaborandi*, *rhamnus californica*, or even *colchicum*.

Prof. Scudder was thoroughly acquainted with the scope of *macrotys*, had given it careful study, and his assertion that it was a specific for muscular pains, about covered its qualifications as an anti-rheumatic. When the articulations become involved we are liable to waste valuable time if we depend upon it as a curative in such rheumatic affections.

My experience with *cimicifuga* has been very extended, though doubtless there are others who have used it more extensively. For thirteen years I practiced in a country region, much of the time remote from even a drug store, and the gathering and preparation of indigenous remedies, those of Eastern Ohio, was a part of my necessary duties. In traveling over heavy or roughly frozen roads during the spring, fall and winter, I found that the most rapid and satisfactory method of conveyance was that of equitation, and I soon learned that fluid medicines were objectionable, as the prolonged jogging was liable to loosen corks and deluge pockets, and that even if corks remained in places, gummy exudations about them were constantly objectionable features. Dry preparations were evidently preferable under such circumstances, and I drifted into the practice of carrying my remedies in the shape of crude drugs and triturations. *Cimicifuga* root was one of my favorite remedies, and when carried in coarse trituration—trituated in an iron mortar—could speedily be prepared for use on the kitchen stove, with the addition of a little water. In the form of a decoction it answered every purpose, and the neighboring woods supplied plenty of the root for each succeeding season.

It is remarkable how much one can accomplish in acute practice with *cimicifuga* and one or two adjuvants. With *aconite*, which may be carried in dry form by saturating sugar of milk with a reliable fluid preparation and allowing it to dry, *quinine*, or *arsenate of quinia* 3x, and *cimicifuga*, one can meet most cases liable to be encountered in acute practice successfully. Add to these *phytolacca* for sore throats and *asclepias* for pulmonary affections, and the most rigid economist could not here object to prodigality of one's working *matéria medica*. However, one can accomplish about all that will be required of him with it, unless a typhoid epidemic should strike the community, in which case *echinacea* or *baptisia* might be added.

With *cimicifuga* I relieve the pains of muscular rheumatism, the muscular pains of malarial fevers, tonsillitis, pneumonia, bronchitis, pharyngitis, and other affections commonly met. Severe pains of colic would usually yield to the free use of a hot decoction of it, and rheumatic dyspepsia, a not uncommon symptom in those regions, quickly yielded to its influence. Dysmenorrhea and amenorrhea were treated by adding half an ounce of the coarsely trituated root to a pint bottle, and ordering it filled with water, with enough whisky

added to prevent fermentation. This in tablespoonful doses, lessened in size as the preparation gained strength, was an efficient remedy.

Cimicifuga is invaluable as a remedy in obstetric cases, safely stimulating inadequate uterine contraction, regulating and modifying excessively painful throes, providing against post partum hemorrhage and favoring speedy recovery. The old Indian evidently knew what he was talking about when he called it "squaw root."

In acute practice, there is hardly a pain between the crowd of the head and the sole of the feet that it will not reach. Deep-seated and severe pains in the orbit usually find an excellent remedy in cimicifuga; cardiac and precordial pains yield to full doses; lumbago and muscular pains in the dorsal region, cramping pain in the sides, and colicky pains, whether in the stomach, bowels or uterus, usually vanish from the faithful administration of cimicifuga.

Sometimes, however, when the pains are muscular in character and occur periodically, quinine or some other antiperiodic is necessary to properly reach the condition.

I am not writing this article with the purpose of lauding crude cimicifuga root above the deservedly popular fluid preparations now on the market. Specific cimicifuga, as well as the normal tincture, is a powerful representative of the recent article, and is generally to be preferred. The small dose represents a large amount of the medicinal virtue, and the fluid preparation is more elegant and fully as effective for general use as the decoction.

The crude root is sometimes more convenient for rural practitioners, but the fluid preparation, when reliable, will afford as good if not better satisfaction.

An important question which arises is, is there anything in this remedy which has not yet been developed? I am inclined to believe that we have discovered all its properties. It has been employed so extensively in general practice, for such a protracted period, that any hidden virtue would have necessarily been accidentally developed long before this were it therein contained.

I once saw a case of epilepsy attended by amenorrhea, arrested for several months with cimicifuga and bromide of potassium, when the bromides alone failed to produce any marked effect. The favorable action finally ceased, however, and no antiepileptic victory remained for cimicifuga. It appears to me that we have reached the climax as regards the therapeutic properties of some of our old indigenous remedies, as prolonged and every-day use develops all the hidden properties accidentally after a time.

Cimicifuga, however, can rest upon its laurels. It has won a distinction among eclectic remedies which few will rival, and its merits are becoming more and more popular with physicians of other schools. If not ours by right of discovery, it at least is ours by right of long use and study. Other schools came into possession of it at a later day, when it had been one of our standard remedies for years.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

AN ENUCLEATION.

P. H., about 45 years of age, of Reading, O., was brought to the clinic by Dr. Volle. The history of the case was that some five years ago, he had rheumatic iritis of the right eye. He was treated for some time, but finally was told that nothing more could be done, and that the eye would not trouble him any more.

The cornea presented a dense leukoma, covering the entire surface. Vision was destroyed, there not being even perception of light. Constant pain in the eye, so that it was impossible to work. The eye was considerably divergent, nearly immobile, with a slight amount of exophthalmos. An enucleation promised the only relief, and he was put under chloroform anesthesia, and the work of enucleation commenced.

The recti muscles were so atrophied and disorganized that it was impossible to obtain a firm grasp of the eyeball. Tenon's capsule was firmly adherent to the eyeball through inflammatory adhesions, but no especial difficulty was experienced until the posterior portion of the globe was reached. There a mass, which required considerable force on the scissors, was encountered, and the sensation imparted was that of dividing granular substance. Using an exceptionally heavy pair of enucleating scissors, the mass was finally divided some distance back of the ball, and the ball, with the resulting adherent material, lifted from its socket, exposing a black mass nearly three-fourths of an inch in length, and almost of the diameter of the eyeball. The cone formed by the extrinsic ocular muscles also appeared to be filled with this substance, which was dissected out until no more could be seen, and the surrounding tissues felt normal to the touch. The hemorrhage was profuse, but was quite readily controlled by tamponing the cavity. After the hemorrhage had ceased another examination of the orbit was made, and the finger was readily passed to the apex of the orbit without meeting any resistance.

The enucleated eye and some of the adherent material was sent to the laboratory where a microscopic examination was kindly made by Prof. George Brown, M. D. The examination showed round celled sarcoma.

In this form of sarcoma there is an excessive vascularity. The vessels are frequently dilated and varicose, and rupture of the vessels is frequent. Ecchymosis and formation of sanguineous cysts result. These blood cysts are composed of broken down coagulated blood, surrounded by ill defined layers of soft sarcomatous tissue, and the sarcomatous elements are found distributed throughout the coagula. These growths are malignant, and their early recognition is important. The tendency of round celled sarcoma to spread by peripheral

growth, infiltrating the surrounding tissues, and frequently involving the lymphatic structures as well as metastasis to internal structures, should be borne in mind.

In this case there was absence of diagnostic features of the disease, as the history of the patient was such as to lead to a diagnosis of destruction of ocular tissues resulting from rheumatic iritis.

A MASTOID CASE.

Dec. 13, 1900 I was called by Drs. Eben and Harry Behymer to see a case in consultation. The following history was obtained:

E. W., æt. 19, tall and muscular young man, farmer, had been troubled with discharge from the right ear since childhood. About ten days previous to the visit, he had contracted a severe cold, and the ear symptoms were very much increased. The temperature for several days had been ranging from $102\frac{1}{2}$ to $104\frac{1}{2}$. There was severe pain in the right side of the head. Pressure over the mastoid caused the patient to wince. There was not much swelling of the tissues in this region. More or less severe chills had been present for twenty-four hours, and although the patient was conscious, there was a disposition to sink into a stupor when undisturbed. Although the doctors had given instructions to cleanse the ear thoroughly as often as seemed necessary, the canal was found filled with a heavy secretion, distinctly necrotic in odor. The pupils of the eyes were dilated and sluggish to light.

The advisability of an immediate operation was discussed and decided upon. The parents were informed of the condition and also of the gravity of the case. The patient was prepared as quickly as possible for the operation, and under chloroform anesthesia, assisted by the two doctors, an incision was made from the tip of the mastoid, carried upward and forward to the superior portion of the external ear, which was then dissected loose and turned forward.

The periosteum was divided, and an area of over one-fourth of an inch in diameter of softened bone was found immediately beneath and on a level with the external meatus. As the bone was soft enough to be removed by means of a gouge and scoop, no malleting was done. The necrosed bone was thoroughly removed. After the removal of considerable of this tissue it was found there was a sharp deviation forward, which then passed backward along the periosteal portion of the external canal, then widening into the mastoid region. The surfaces were thoroughly cleansed of all unhealthy tissue. As soon as the instruments came in contact with only healthy bony structures, the operation was stopped, and the ear thoroughly syringed until there was no coagula of blood nor evidence of purulent material, the solution running clear through the external meatus, the syringe being introduced into the posterior wound.

After oozing of blood had ceased, the mastoid opening into the cells and attic were packed with borated gauze, and the wound closed and dressed, leaving a good sized opening, however, for drainage. directions were given to remove the gauze and repack, and to keep the ear thoroughly cleansed until healing was complete. At the end of three weeks, the opening into the mastoid had nearly closed, and although there was a slight amount of secretion from the middle ear, it had no odor. The temperature came down to nearly normal within thirty-six hours, and but one day was there any rise of temperature, which probably was the result of a slight cold which the patient contracted. Recovery was uninterrupted, and the last heard of the patient was that he was around, feeling as well as ever.

In operations on the mastoid, especially when the patient is already suffering from sepsis, the utmost care should be observed and as little malleting done as possible. The shock to the nervous system being much increased through the concussion which naturally follows blows of the mallet. It is easier for the operator to use the mallet and chisel, as at times it requires considerable force to clean out the necrosed bone thoroughly in these cases. When the external table is not softened, presenting a hard surface, and yet the indications are that the mastoid cells are affected, the use of the trephine or mastoid drill is to be preferred to the malleting process, the opening enlarged if necessary by means of rongeur forceps.

The face during an operation in this region should be carefully watched, as injury to the facial nerve will result in paralysis, but if care is exercised in the work this will not occur very often, even if the position of the nerve is anomalous.

A danger signal in these cases of interference with the nerve is twitching of the face, showing that the neighborhood of the nerve is being invaded. With proper care, and if the patient is in anything like good physical condition, the operation is as a rule successful, but not always successful in entirely curing the discharge, as in many instances it is impossible to reach all of the unhealthy tissues, and the after treatment must be the same as where no operation has been performed.

OPHTHALMOLOGIC ASPECTS OF PREGNANCY.

There are a few ocular states, however, that are probably directly due to gestation. Some of these are important, and some are quite unimportant. Perhaps the most frequent, if not the most important one is the *asthenopia* that arises from oculo-muscular weakness, both of the accommodative and of the extrinsic muscular type, whose chief symptoms are headache, eye-pain, photophobia, difficulty in reading and in writing, and in doing near work generally. It often happens that an otherwise healthy primipara will, for the first time, require the assistance of glasses in reading or doing near work of any sort ;

but after pregnancy has been completed she is able to dispense with such artificial helps in reading. Ophthalmologists are not infrequently consulted by pregnant women who require aid for the first time in using their eyes, and this may mark the starting point in eye defects which persist during life.

Pigmentation of the eyelids is rather a curious thing. The writer believes it to be fairly frequent during gestation, and that it forms merely a part of that pigmentation of the skin which is noted in other parts of the body.

Swelling of the lower lids is sometimes one of the first indications of the albuminuria of pregnancy, and even morning fullness of the lids should excite suspicion of this condition.

Hysterical amblyopia is also occasionally present as a part of the common neuroses mentioned by Dr. Brower. Cases of defective sight, even of complete blindness, have been noted and reported as some of the outcomes of gestation.

Profuse lachrymation, more properly perhaps called epiphora, has been noted in conjunction with the salivation and nausea of pregnancy. It occurs, as a rule, only when the nausea is extreme.

Violent and long continued vomiting induces *hemorrhages into various parts of the eye*. Some of these are serious, but as a rule, they are merely subconjunctival, and are not followed by blindness.

Detachment of the retina for some reason is not a very uncommon condition in pregnancy, due partially to the vomiting in cases predisposed to it, and partially to the albuminuric retinitis occasionally seen during gestation.

Probably the most important, certainly the most serious, effects of gestation on the eye are the production of *albuminuric retinitis* and the *amaurosis of uremia*. The changes that here occur do not materially differ from those seen in other forms of the disease except that they do not so frequently carry with them so grave a prognosis as regards the life and vision of the patient. In the retinal and optic alterations of pregnancy the woman may entirely recover her sight. Even when complicated by detachment of the retina, that membrane may be replaced after delivery and the change in it almost completely disappear. As is well known, the disease is characterized by *edema of the optic papillæ, retinal exudates and hemorrhages*. The latter are sometimes scanty, but often numerous all over the fundus, especially at the periphery. These may entirely disappear in a few days or weeks, to be followed by others. The yellow-white patches are collections of granulo-fatty cells, and they affect the minute end vessels about the macular region and the deeper nerve layers of the retina itself. They often form a characteristic star shaped figure, whose outline may be marred by the pigmentation due to partially absorbed hemorrhages or to the development of irregular exudates in the same region. Primary recovery of sight may follow the induction of premature labor or abortion—a portion or all of which may be lost from

secondary atrophy of the optic nerve, or from the development of post-bulbar neuritis. As a rule, however, we do not find in the albuminuria of pregnancy those atrophic changes with sclerosis of the vessels and degeneration of the ciliary body that one sees in the ordinary neuro retinitis of chronic Bright's disease. Like the acute retinitis of scarlatina, the outlook for vision is much more hopeful; in other words, where the optic and retinal disease is only a part of a grave incurable disease of the whole vascular system, due to the presence of a chronic poison in the blood, the end circulation in such organs as the brain, kidneys, retina, and optic nerve must eventually be destroyed. If the uremia is temporary, only these organs have a chance of recovery, provided always, the poison is eliminated by the ending of the pregnancy or otherwise, although the induction of premature labor does not always save the eyesight."—*Casey A. Wood, M. D.—Obstetrics, Jan., 1901.*

The Use of the Tuning Fork as a Test for Disease of the Maxillary Antrum.

Except by surgical means, we have no method of examination of the maxillary antrum that is quite positive or satisfactory, and even the surgical method of exploratory puncture through the nasal wall, owing to the bony formation of the wall or the location of the antrum, both of which vary so often, even in the same individual, will at times fail."

Take for instance a case in which the nostrils are so occluded by hyperplastic turbinates, with a badly deflected septum, with a malposition of the ostium maxillare preventing, even after the nostrils are rendered patent, direct entrance into the antrum, and yet there are many subjective and objective symptoms of antral disease, perhaps empyema, perhaps a growth of some kind.

There is a purulent collection in the nostrils, but this might as well come from the frontal sphenoidal sinus or the ethmoid cells.

Pain is produced by percussion over the antrum, but the patient is hysterical from attacks of pain, also through fear that something terrible will be done.

Transillumination gives a shadow on either side.

The patient fears exploratory puncture, in fact declines it.

Here are present the cardinal symptoms of antral disease with a history guiding us direct to that cavity; but how often are histories misleading! The responses to our tests are by no means infallible.

The dark spectre of doubt haunts the surgeon and causes him anxiety, almost fear.

If now we can employ yet another test, one that is simple and painless, one that will remove at least some of the uncertainties that always exist to a greater or less degree in most of these cases, a test that will

most likely give us a fair amount of positive evidence, the diagnosis will be more easily made and the surgeon relieved of much doubt as to the correctness of it.

It is to testing with the tuning fork over the antrum and the teeth, the first and second molars, that is referred.

If now the antra are free and clear, the tuning fork (C. & Co. being preferably used) will be heard with equal distinctness and for a like duration, over each side and in either location.

Let me say in parenthesis that it is not well to explain to the patient just what is expected of this or any other test.

If now one antrum contains fluid the fork will not be heard so distinctly, perhaps very faintly, perhaps not at all, as occurred in one case; but if the opposite antrum is free the patient replies quickly and positively in the affirmative.

Given another case in which the symptoms are obscure, the transillumination gives a shadow on the left side and none on the right, with subjective symptoms inclining one to suspect disease of the left side, the use of the tuning fork placed on the left side was heard louder and longer than on the right; the natural deduction was that the left antral wall was thicker than the right, thereby the better favoring sound transmission, and thus almost conclusively eliminating this cavity as the offending structure, and so subsequently it positively proved.

Quite a number of healthy cases have been thus tested with but slight variation in the result of the findings, but the experience of one person is barely sufficient upon which to base positive assertions.

It is, therefore, the writer's object to call the attention of his confreres, especially those who have unlimited clinical material, to the possibilities of this test, which, so far as he knows, has not been before employed, and to be by them further elaborated, or perhaps, as so often occurs in the nature of all things, to be rejected.

The same test was used with much satisfaction in a case of frontal sinus disease; it might also be employed in examining for ethmoid disease; certain it is, that in disease of the mastoid bone conduction is much diminished, if not altogether destroyed.

It is much to be hoped, alike for the benefit of the patient as well as for the surgeon, that this test will prove helpful, for if it does it will certainly aid in clearing up some of the doubts of the diagnosis of diseases of not only the maxillary antrum, but of other superficially situated cavities.—*D. A. Kuyk, M. D.—Laryngoscope, Feb., 1901.*

W. E. Casselberry (*Jour. Amer. Med. Ass'n*) is of the opinion that intranasal angioma are not as rare as have been represented. He reports a case in which he removed an angioma from the septum by means of the cautery snare, and cauterized the base with chromic acid. Two years have elapsed and there has been no recurrence.

PERISCOPE.

RETROBULBAR NEURITIS.

George Sym, in an article in *Amer. Jour. Men. Sciences*, says: "There is much in the subject of retrobulbar neuritis to engage the attention and interest of the practitioner. An important feature about the disease is the contrast it presents in regard to symptoms and treatment with the form of neuritis with which one is more familiar. The name, retrobulbar or retro-ocular neuritis, was introduced by Von Graefe to indicate such inflammatory diseases of the optic nerve as arise by continuity of tissue with other inflamed parts. Since in a certain proportion of cases no ophthalmoscopic changes were seen, it was natural to refer the seat of lesion to a portion of the nerve behind what could be examined. The definition of the disease suggested by Mr. Gunn, while it tends in my opinion to exclude some of the group, is valuable and will repay study. He says rapid failure of vision, usually of one eye only, often accompanied by pain and tenderness in the neighborhood, is usually a prominent feature.

"I propose to discuss these features, and shall indicate certain facts which seem to me not to be in accordance with Mr. Gunn's definition.

"*The rapid Failure of Vision.*—The degree of defect varies from mere loss of definition of outline to a complete loss of perception of light. Examination of a case with Bjerrum's types shows the vision to be bad with those types, out of proportion to the degree of defect with the black on white types. In retrobulbar neuritis one never meets with a certain symptom which is always present in ordinary neuritis, and which was first described by H. Jackson—the occurrence of temporary, almost momentary attacks of blindness. The second point in Gunn's description is that the condition is usually present in one eye only. The truth of this will depend on whether one considers tobacco and other toxic amblyopia as a variety of the disease, but leaving out of account the cases of toxic amblyopia, it is not infrequent that the patient recovers from an attack in one eye, only to be similarly affected in the other. I have seen this in a patient in other respects in apparently perfect health. It is an interesting question whether, if the inflammation be limited to the nerve itself, any pain will be experienced. Pain is but rarely complained of in the disease. Absence of early ophthalmic signs is a feature of great importance, and since some cases run their course with practically no change in the aspect of the disk, one should perhaps say that these signs are usually absent in the early stages, and may be absent altogether; but in some cases in the earlier stages, and many cases in later stages, there is, on the contrary, a marked pallor of the disk, at all events of its outer quadrant.

"In a large proportion of cases the recovery of vision seems to be complete. In a number of the recoveries, however, it is more than

probable that a careful perimetric testing would elicit the existence of a small paracentral area of deficient vision with imperfection of the color sense.

"An able account of the microscopic appearances of the disease was given in the *Journal* (Sept. '97) from the hands of Dr. DeSchwanitz. I should divide the cases of retrobulbar neuritis in the following manner, viz: Unilateral and bilateral.

"A unilateral neuritis may be due—1. To the spreading of the nerve of local inflammation. 2. To syphilis. 3. To rheumatism. 4. To gout. 5. To malaria.

"These unilateral causes differ from the bilateral variety of the following forms: 1. Those occurring along with diseases of the spinal cord. 2. Those occurring without relation to cord lesions. 3. Those called stationary scotomatous atrophy. 4. Those known as hereditary optic atrophy. 5. Those of toxic amblyopia represented by tobacco blindness.

"As far as treatment is concerned, one must attack vigorously the vicious diathesis, and at the same time use derivatives and local depletion. Subcutaneous injections of pilocarpin will be found useful. In long standing cases, strychnine is the chief reliance but even that has little effect on the course of the disease."

PALPATORY PERCUSSION, Etc.

E. Baelz (*Berliner Wochenschrift*) publishes some practical observations in physical diagnosis. He draws the conclusion from its variety of forms and material that the plessimeter is of more than doubtful value, and in practice is well replaced by the finger. Similar objections have also made him give up the percussion hammer. He calls special attention to the subject of palpatory percussion. This has not been used as much as it deserves, for two reasons: In the first place, because it has been used chiefly on an organ to which it is least applicable, *i. e.*, the heart; and secondly, because its technique has not been understood. He himself came to cultivate this method by noting the greater accuracy of the sense of touch than that of hearing in certain physical examinations. The method is as follows: the left middle finger is placed closely on the body, as in the usual finger percussion. The percussing hand is used in a different way from the usual one. The second, third, and fourth fingers are kept fixed at an angle of about 45°. From a distance of about 4 c.m. the fingers are brought down on the left middle finger and kept there for a few seconds, after which the blow may be repeated. It is immaterial whether the percussing hand is moved from the wrist or elbow. The important points are that several fingers are to be used in percussing; that these fingers touch the plessimeter finger with the most sensitive part, us the tips, and that they are pressed against the parts examined. The perpendicular blow from the fingers must therefore not be used.

While percussing one must listen intently, as the sound produced is not loud. In fact, hearing is not essential, but the combined sensation of hearing and feeling is more complete than that of feeling alone.

Like every other method, this requires a certain amount of practice. In the beginning it is useful to close the eyes, in order to notice the fine points of difference.

Palpatory percussion generally reveals most in connection with diseases of the lungs, pleura, spleen, and liver, and whenever, for any reason, strong percussion can not be used, as in perityphlitis and cholelithiasis. It is also safer whenever there is risk of hemoptysis. In the case of pleurisy with effusion, the upper border will usually be found by this method two finger breadths higher than the line of absolute dullness. An enlarged and inflamed gall bladder can sometimes be made out by this method, when simple percussion would not be possible on account of the pain. The spleen is especially well demonstrated by palpatory percussion, although this may sometimes give uncertain results on account of distention of the stomach or intestines.

Baelz also advises a wider use of direct auscultation than is commonly practiced, especially on account of the possibility of hearing more distant sounds and of distinguishing the relative distances of sounds such as rales and friction sounds. He also claims that certain heart murmurs, especially the diastolic murmur of aortic insufficiency, can be heard better with the ear than through the stethoscope. In case of aneurismal murmurs direct auscultation has the great advantage that the head applied to the chest is more sensitive to the thrill and impulse than the hand. [Many of Baelz's suggestions have long been familiar in the United States, especially his remarks in regard to the value of finger percussion. It is doubtful whether palpatory percussion and direct percussion are used as much as they deserve. They have long been practiced in the editor's clinic, but seem to be unfamiliar to many medical acquaintances.—G. D.]—*Amer. Jour. Medical Sciences*.
W. N. M.

Rubeoliform and other Eruptions, with special reference to Koplik's Phenomenon.

J. Sobel (*Med. Record*) gives noteworthy conclusions in regard to the value of Koplik's sign in diagnosis. It is not uncommon for the initial symptom of influenza to suggest measles. In the presence of such symptoms the absence of Koplik's spots excludes measles. In the absence of any symptoms, the presence of this phenomenon proves the case to be a beginning of measles. What is true of influenza holds good for coryza, tonsillitis, bronchitis, febricula, etc.

German measles can not be excluded more satisfactorily than by the absence of Koplik's spots. The moderate elevation or the absence of elevation of temperature, the lack of proportion between the cutaneous outbreak and the general symptoms, the non-existence or mildness of coryza, the lighter color, smaller size, and more concentric

character of the eruption of Forchheimer, and the enlargement of the glands behind the sterno-mastoid, are all of inferior worth, he thinks, as differential factors when compared with these spots. He has seen a number of cases of German measles in which rubeola was excluded by the absence of this sign, and the diagnosis substantiated by the failure of any subsequent symptoms of measles.

The fact of second attacks of true measles, which has long been accepted by clinical observers, has received peculiar confirmation from the recent observations of Knospel, of Prague, who has diagnosticated a second attack of measles in the same patient by the presence of Koplik's spots. It is thus seen, that in the subsequent as well as in the initial attack of measles, Koplik's spots are present. The presence of the spots has also made possible the diagnosis of a measles eruption from the morbiliform eruption which occasionally follows from four to six days after the administration of diphtheria antitoxin. Le Fetra (*Med. Record*) has reported a case of measles complicating diphtheria for which antitoxin was administered, and the presence of Koplik's spots rendered the diagnosis of measles positive, and excluded antitoxin rash. Cases of erythema multiforma (papulatum, annulare, and gyratum), which frequently begins upon the face, and is accompanied by fever, headache, muscular and joint pains, and malaise, can be definitely distinguished from measles, according to Sobel, by the absence of Koplik's sign. Urticarial eruptions, especially when of the erythema multiforme type, if considered in conjunction with their sudden appearance, the greater elevation of lesions, their ephemeral character, the presence of itching, the lack of general symptoms, and above all the absence of Koplik's spots, are readily distinguished. Generalized vaccinia of the urticarial and erythema-multiforme character, and violent cases of miliaria, can be readily differentiated from measles by the absence of this sign.

Macular syphilide may at times be confounded with measles. The author has reported such a case in a boy, aged fifteen years, in whom all thought of syphilis was dispelled by the presence of Koplik's spots. The value of the sign has also been tested in the cases of drug eruptions caused by copaiba, antipyrine, quinine, bromides, and iodides.

Very puzzling conditions are sometimes presented when measles impresses or engrafts itself upon pre-existing skin lesions. The author reports a case of papular eczema in which a marked inflammatory change had suddenly occurred in the eruptive lesions. The rectal temperature was found to be 104°, but the catarrhal symptoms were slight, and the diagnosis uncertain but for the discovery of Koplik's spots. Kropsel has recorded instances of double infection with measles and scarlatina, in which Koplik's sign was discovered five days before the eruption of measles made its appearance. The isolation of these cases, it is said, prevented an epidemic of measles in the scarlat fever pavilion. The sign would also be of great value in dif-

ferentiating the rare condition termed erythema enematogenes from measles, which, it is said, it occasionally resembles.—*Amer. Journal Med. Sciences.*

W. N. M.

The Relations of Disease of the Adnexa to Retroflexion.

Jayle and Lima (*Remides Gynecol. et du Chir. Abdom.*) discuss at length the question whether the symptoms accompanying uterine displacements are due directly to these or co-existing disease of the adnexa. Out of 1100 cases of disease of the tubes and ovaries they selected 76 as suitable for careful study. Their conclusions are thus stated:—

1. So-called latent retro-displacements, which give rise to no symptoms, were not observed in a single instance.
2. Painful retro displacements are nearly always complicated with disease of the adnexa.
3. Mobility of the displaced uterus is not an indication that the tubes and ovaries are healthy.
4. Affections of the adnexa are usually more severe in connection with retroflexion than with retroversion.
5. The prognosis and treatment of uterine displacements bear an intimate relation to the extent of the accompanying tubal and ovarian trouble.
6. The extent of the lesions in the adnexa, together with the patient's nervous condition, are the principal factors to be considered in treating uterine displacements.
7. Simple reposition of the uterus, without further treatment directed to disease of the organ itself and of the ovaries and tubes, does not insure a cure.
8. Retro-displacement may cease to give rise to marked symptoms if the attending complications have been relieved.
9. Conservative (non surgical) treatment of uterine and periuterine inflammation is greatly hampered by the existence of displacement.—*Amer. Jour. Med. Sciences.*

W. N. M.

PHLEBITIS AND LYMPHANGITIS OF THE PELVIC ORGANS.

In the *Zeitschrift für Geburtshilfe und Gynakologie*, 1898, Dr. Thomas contributes a paper upon this subject, and reports a number of cases from Freund's clinic at Strassburg. He draws attention to the anatomy of the pelvic lymphatics, and distinguishes three groups of lymphatic ganglia—one near the rectum, one near the ureter and spermatic artery, and one between the two. Should infection attack the lymphatics, it will proceed in an ascending series through these ganglia. The anatomy of the veins of the pelvis is clearly known, and attention has often been called to the readiness with which they are entered.

In diagnosing between phlebitis and lymphangitis, in cases of puerperal septic infection, the active onset, rapid course, and severe symptoms of phlebitis must be contrasted with the gradual progress of lymphangitis. In the latter, weeks or even months may be consumed in slowly moving infection, which may cause exudate, extending to the utmost limits of the broad ligaments and adjacent peritoneum. There may be little or no vaginal discharge, and if the patient's strength be maintained, recovery is the rule. In phlebitis, however, the patient has high fever and chills. There is a purulent vaginal discharge, the inflamed veins can sometimes be distinguished, and the result is often fatal.

As regards treatment in phlebitis, the extirpation of the infected focus is indicated if it can possibly be done. The writer described a case in which the abdomen was opened and the spermatic vein of one side dissected out, going down the ureter. The operation failed, however, to save the patient's life. The uterus should be thoroughly curetted as early as possible, but should be disturbed as little as possible. In lymphangitis a thorough cleansing of the womb should be made as soon as the case is seen, and in the gentlest possible manner. After this the treatment should be limited to stimulation, local applications of heat or cold to the lower abdomen, sitz baths, and douches. In one of Thomas' cases an abscess formed near Poupart's ligament, but this was readily evacuated by incision. Phlebitis is one of the most fatal forms of puerperal septic infection, while lymphangitis is the common form of sepsis, and when the latter occurs in patients in good condition a recovery may usually be expected.—*Amer. Jour. Med. Sciences.*

W. N. M.

THERAPEUTIC NOTES.

SYMPHITUM OFFICINALIS—Is a specific, so certain foreign authorities assert, in wounds and unhealthy ulcers. In these cases it is asserted to have marvelous healing and cicatrizing properties. If the tincture be applied to swollen and painful parts, it quickly reduces the pain and swelling.

It stimulates granulation in slow healing ulcers, diminishes irritation and rapidly promotes healing. In bruises of the muscles, ecchymosis, injuries to tendons and cartilaginous tissues it is efficacious. A decoction of the plant produces the same results as the tincture.

Our own writers have not had an extended experience with this remedy.

* * *

STICTA PULMONARIA.—Small doses of specific sticta frequently repeated will produce excellent results in the treatment of hay fever and in those attacks of influenza characterized by the discharge of a hot, irritating, watery mucus, which afterwards becomes thick, bloody, greenish or yellow. The catarrhal disorders to which this remedy is applicable are characterized by headache, with tearing pains through

the side of the face and lower jaw, with pressure in the forehead at the root of the nose, sneezing, coryza, conjunctiva, and dull pain in the chest.

It has given great relief in the irritating cough of phthisis, laryngitis and bronchitis. In the racking, incessant and wearing cough, which lasts for hours and causes great exhaustion, it is equally efficacious. It is especially valuable in coughs prevalent in the early parts of the year in our northern climate. It has assisted in the cure of whooping cough, croupal cough, and catarrhal asthma.

The strongest indication for the use of this remedy in the treatment of rheumatism will be found in the pain in the shoulders, back of the neck, and extending to the occiput, and in those cases of rheumatism in which the smaller joints are inflamed in connection with the larger ones, with circumscribed redness, swelling and heat; where the rheumatic pains which involve the joints or neighboring muscles are drawing and somewhat spasmodic.

* * *

PHYTOLACCA DECANDRA—Is an important remedy for internal use in all conditions of the skin, where the glands are swollen and inflamed. It is a specific remedy for glandular inflammation in relieving these conditions; it is also of great benefit in the cure of all forms of skin disorders which accompany the glandular manifestations.

It may be given internally, and an ointment applied externally. In scabies, indolent ulcers, indolent glandular ulcerations, and in syphilitic ulcerations, it is a remedy often demanded. It is an important internal remedy in dry conditions of the skin, where there is a tendency to extreme dryness with cracks and fissures inclined to bleed, sore and painful. Dry eczemas, and salt rheum as it usually appears, come within its direct influence.

* * *

The indications for **PODOPHYLLUM** are full tissues with engorged or sluggish circulation of the veins especially, broad tongue with dirty yellow coat, sallow skin, conjunctiva yellow, weight in the head, some mental dullness, bad taste in the mouth.

Skin disease is often present with some of these phenomena. The form is that of cracks, fissures, and dry scales. This is especially true in young children. Acne with yellowish dirty skin, the base of each pustule assuming a dark hue after eruption, is well treated with small doses of podophyllum internally. It has acted so promptly for me that I would not think of treating these forms of skin disease without it. I often give it in combination with full doses of acetate of potassium.—*Editorial Chicago Med. Times.*

Eclectic Medical Journal.

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JOHN K. SCUDDER, M. D. MANAGING EDITOR.

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II. DISORDERS OF THE NEW-BORN CHILD.

One of the frequent troubles that is present at the time of delivery, or annoys the child by manifesting itself very soon thereafter, is ophthalmia neonatorum. This is a disorder commonly known as *sore eyes* of the new born, and is of rather frequent occurrence in the experience of most physicians of general practice. This difficulty may arise from a simple infection, follow from the vaginal or uterine discharges getting into the eyes, or as is quite often the case, the infecting agent is the gonococcus, specific conjunctivitis owing to gonorrhea. The eyes are inclined under such circumstances especially to a marked redness and swelling of the conjunctiva, together with an abundant heavy, thick, yellowish discharge of pus; this is quite virulent and forbidding in its nature, and blindness often follows unless a treatment heroic and persistent immediately follows.

The treatment must be begun at once and continuously followed, if we would abort the tendency and inclination to ulceration of the tissues and destruction of the eye. Cleanliness and asepsis is the first essential in such cases. Warm sterilized water answers the purpose very satisfactorily in most cases in cleansing the part and removing the pus. In addition to sterile water, a saturated solution of boric acid, mercuric chloride (1-8000), as well as the normal salt solution, changing or substituting one for another in persistent or unfavorable cases, or when the convalescence does not progress satisfactorily. Irrigation should be followed with but brief intervals between—say every two hours in the severer cases. These washings may in some cases be applied by means of the dropper, instead of the irrigator, though the irrigation by the fountain syringe is usually to be preferred, unless the condition is so sensitive as to require the most marked gentleness, when the dropper might be used for the time. After the pus is washed away, and the lids and eyes cleansed and sterilized, the application of cold compresses should follow, and continue until the inflammation begins to yield.

In case of specific conjunctivitis, or especially severe and stubborn cases, the use of astringent washes may be required, as of fluid hydrastis (Lloyd's), a solution of sulphate of zinc, or when there is an excess of pus with but little or no improvement, nitrate of silver solution should be used, five to fifteen grains to the ounce, separating the lids and painting the parts with the solution by means of a soft camel's hair pencil.

A valuable adjunct to topical applications attends the use of internal medication, and additional benefit will follow the use of aconite as a sedative, and such other agents as may be indicated, among which will usually be found rhus, apis, belladonna, phytolacca, and gelsemium, as well as echafolta and pulsatilla.

In some cases, after the meconium has been evacuated from the bowels, a persistent constipation supervenes. This may depend upon a general frailty or weakness, or in some cases an atonic condition of the bowels. This trouble must be looked after promptly, and unless it readily yields to treatment, is very likely to result seriously, inflammation frequently following, also the straining and difficult defecation producing prolapse of the bowel. Massage properly applied will often remedy the trouble. This should be attended to by the nurse once or twice daily, beginning at the lower and right side of the abdomen, and follow by gentle friction and rubbing the course of the large intestine. Again, immediate benefit and often complete relief, attends the use of soap suppositories. This is prepared by simply whittling a piece of asepsin, ivory, or other good article of soap down to the proper size, and introducing it into the rectum; also glycerin suppositories are recommended and highly extolled by many. The small size, suitable to a young infant, can be found on the market. Olive oil may be used also by means of the small glass syringe. Mild laxatives are sometimes likewise administered; however, the treatment first suggested usually will give satisfactory results.

Our attention will now and then be called by the mother to the very imperfect manner in which the child nurses; even in some cases complete inability to do so. This may depend upon *tongue-tie*, a condition whereby the frenum linguae is attached too far to the front, drawing the tongue down towards the floor of the mouth, disallowing the projection of the member beyond the lips as well. Sucking is greatly interfered with, owing to the function of the tongue being impaired. The proper treatment should be at once instituted, which consists in unbridling the tongue by drawing it upwards from the tip, and clipping through the frenum sufficiently to give to the organ natural action and freedom. But little bleeding is likely to follow; an undue amount occurring, it may be readily controlled by compression.

R. C. W.

DIARRHEA.

There is no phase of medicine in which the beauties and values of specific medication can be so satisfactorily demonstrated as in the treatment of diarrhea. The average doctor will study over its etiology and pathology, whether it is endemic or epidemic, and as to a dozen other concomitants concerning it, and then wisely concludes that the flux is due to a microbic invasion and the only indication for treatment exhibited is that an astringent should be given, and in its selection is about the only place in which he the physician is permitted to enjoy the perquisites of a free moral agent and act with good common sense! Does not every diarrheal and dysenteric ejection being a superabundant flow of fluid, demand that an astringent be given? The answer to this question keeps in use for diarrhea and dysenteric fluxes all such remedies as bismuth sub-nitrate, tannic and gallic acids, opium, lead, kino, catechu, gall, &c., &c.

Now whether the specific medicationist always with rare intelligence looks away back of these diarrhea discharges or not, to discover a cause, it is not necessary for us to discuss just now. It is enough to say that the prescription of the remedies he uses is *based* upon that first cause, and that the condition following that first cause has been carefully noted and the *experience* of years gained from thousands of cases is transmitted from man to man, from teacher to student, in that so called *specific indication*. For example: Take the case in which the tongue is dirty, heavily coated, a thick yellow, light or dark, covering it from tip to base, the tissues are full and soggy; there is every evidence of inactivity, except in the disturbing diarrhea. What the treatment? That tongue as indicative of the condition of the whole *prima via*, calls for but one thing, that is a thorough awakening and cleaning up, a *house cleaning*; no matter whether it be the season or not, let it be done. How? In one of two ways. First, by a thorough emetic—an emetic that will stir and cleanse every nook and corner of the whole apparatus, not an apomorphine, a tartar emetic, or a sulphate of zinc emetic, but a good, old fashioned, (eclectic) *constitutional emetic*—that is, one that must be absorbed before it does its work; that does not provoke emesis because of its mechanical disturbances of the stomach. It may be the old emetic of powdered lobelia, skunk cabbage, etc., or it may be preferably, the acetous emetic, given in small doses, frequently repeated until the fellow is relaxed, every inch of him, then he will vomit easily and thoroughly; or it may be something else, your favorite emetic. Empty him out and you help nature, and the work is done—the cause is removed and the diarrhea is at an end. But emetics are old time remedies; they are nasty to take; they make one devilish sick and people object to taking them. Yes, I've known that every one of these statements is true; we mention them, however, more to prove our positions than to recommend them, because we believe the day of giving emetics with

such purposes and ends in view has passed. We don't believe we have given one in five years.

But the other efficient remedy in this case is a thorough physic. It should be as far reaching in its effects as the emetic—no dirty nook or corner should be neglected. It will not do to give a saline that will add to the watery flux that is now going on. There may be more pleasant remedies in pill and other form, but there is nothing more efficient than the old antibilious physic of the fathers. Our patient is bilious, we guess, from his diarrheic looks and feelings, and the antibilious physic will *do* him, and clean him up, and the diarrhea will stop, because the irritating matter has been carried out. You may prefer another physic; most frequently we do; but this old one attends strictly to business, and we prefer it to any so-called "little devil" pills.

The next case is just as easy and as simple; the fellow has a diarrhea, just as bad, just as frequent, just as disturbing; it may be a little more griping, but, nature is trying just as hard to brace up; but she can't quite hold her job, (no pun). This time the tongue is broad, pale, clean, teeth-marks upon its edges; the fellow is rather sallow, at least the skin is not clear, he has little pains about the umbilical region, he goes to stool frequently, the dejections are fluid, he has the diarrhea sure, and he knows it. What the remedy? That is a *nuxvomica* tongue, the tongue of atony. His intestines would brace up and stop the watery waste, if they could, but his sympathetic is a little below par, it can't do its work; it needs a bracer, and the small dose of *nux vomica* is the best in the world. If he had the same clean tongue and its surface was red, a unit of *C. P. muriatic acid* might be added or alternated with propriety. The *nux* itself is a tonic, a stimulant, a digestive, an astringent, a corker.

Here's another fellow: his diarrhea is just as bad; his stools as frequent, as fluid, as foul, as disturbing. Let us see your tongue? "Ah; we see." It is narrow, pointed, the tip and edges are red, a whitish line through the center; he is fidgety, fretty, feeble. We want to stop his diarrhea, and what will we give? Well, back of it is a sympathetic that is disturbed—running wild—above par—and because of its fret and worry its business is poorly cared for—and the bowels, in this case, are on a strike—only because the "governor" is not himself—the sympathetic is on a tear. Well, give him (the patient, not the governor) an astringent. Will it work? It might check the bowels until the governor straightens up, which he may or may not do—you see? Is it not much easier to straighten up the governor and run no risks? Well, then, give this patient *ipecac* in small doses; if enlarged papilla, add or alternate a little *rhux tox.*, if feverish—beyond comfort—a unit of *aconite*; if bloated, colicky, windy, a drop of *colocynth* to four ounces of water, teaspoonful every half hour to two hours. So it goes; we might follow up the indications of every remedy with which we are familiar and the case might appear

in which it would be A Number one—yes; the *very best* remedy for diarrhea. We have given samples sufficient to clearly emphasize the point we desire to make, viz:—that we do not need *astringents* to treat diarrhea; that they will not *cure* some cases; that the indicated remedy is by far the best remedy. Do not let those old terms (that must become effete before long) like astringent, stimulant, sedative, etc., etc., influence your prescriptions. They are delusions, snares to the feet. Any remedy can be made to act as a stimulant or sedative by change of dose. We must have other qualifying terms for our remedies. There should be no such thing as astringents.

W. E. B.

ECLECTICISM IN MEDICINE.

I was asked to define the principles of Eclecticism, and sent in reply two pamphlets I had used—one twelve years ago, the other last year. They were not satisfactory to the inquirer, and he writes me—“I would like if you would epitomize the fundamental principles of Eclectic medicine as distinguished from all other systems—a sort of confession of faith on which all can or ought to agree.”

This is not asking as much as some others I receive from persons who want a book in manuscript for their special benefit, and it may be regarded as a duty to attempt a further reply, if what I have heretofore written has not been sufficiently explicit. There are thousands of persons interested in the question. But then I may not have the ability to answer it, or having the ability my prejudices may be too strong for a fair answer. But I will try.

A recent writer (old school) says: “The regular profession is not a sect; it does not confess allegiance to any dominant principle; it refuses to believe in any single definite therapeutic dogma. The *sects* of medicine, however, are guided, or claim to be guided, by certain fixed principles, which they worship as therapeutic laws.” Was it Burns who wrote—

“O, wad some power the giftie gi’e us
To see ourselves as ithers see us,
It wad frae mony an error free us.”

Possibly we had better take advantage of this wisdom, and accept the statement that Eclecticism, as a sect in medicine, is “guided by certain fixed principles.”

If one will read the *fathers* of Eclectic medicine, they did not propose a promiscuous choosing from other people, nor did they teach that every student or doctor should “choose.” It was not a system of *choosing* at all. The choice had been made, and dogmatically stated, and there was to be no variation nor shadow of turning in the adherents of this “reform in medicine.” What was it, in brief?

It was this: “That all remedies or means employed in the treatment of the sick should be non-poisonous. They should not be capable of doing present harm; they should not endanger life; nor should they

leave future impairment of health." Conversely, "the remedies and means employed should give present relief, should strengthen the life, and should give good convalescence, and after good health."

I have made the statement in my own language, though I have used very nearly the form in which it was put a score or it may be a hundred times. There was a clearness in the earlier statements of belief that could not be mistaken. They were stout, hearty, truthful men, who believed to the death if need be. We are their legitimate successors, and I believe that the mass of Eclectics to-day would say amen to these principles. Eclecticism rejected blood-letting because it impaired the life of the sick; we reject it to-day. Eclecticism rejected mercury in all its forms; we reject it to-day, conceding, however, that it may have a place as an external remedy, and in very rare cases as an internal medicine. Eclecticism rejected antimony in all its forms; we reject it to-day as an unsafe medicine. Eclecticism rejected arsenic; we reject its common use to-day, conceding, however, that it may have a special use in some forms of disease. Eclecticism rejected the common use of morphine to narcotize patients, though conceding an advantage to its careful use in small doses; we hold to the belief of the fathers. Eclecticism rejected all that was comprised under the name "antiphlogistic treatment;" we reject both the doctrine and the medication based upon it to-day.

The earlier Eclectics talked of a "sanative practice of medicine;" we practice a sanative system of medicine. They objected to the withholding of water from the thirsty, food from the weak, fresh air from those who needed it most. I think we follow closely in their footsteps. They believed in the kindly action of medicine, and the curative powers of nature; we hold the same doctrines to-day.

I think any one who will look the ground over carefully will see that there has been a remarkable uniformity of belief and practice from the first. The fathers were obliged to use crude medicines, and they used them in the simpler forms of infusion, decoction, and tincture. They did not place much confidence in drugs and drug stores. We use the finer and stronger tinctures, with water, and we do not place much confidence in the ordinary drugs and drug stores.

I think we may say, therefore, that the cardinal principles of Eclecticism, from its beginning until to-day, are—"The rejection of all remedies and means which endanger life, which impair life, or which leave an impaired health; and the selection of such remedies and means as conserve life, shorten the duration of disease, and give a sound recovery." We believe in small doses of pleasant medicines, for their direct action—a medication which relieves suffering, shortens the duration of disease, and saves life. If I should write it in one line—the majority of Eclectics to-day believe in *specific medication*.

I learn since the above was written, that the same inquiry has been sent to some ten or fifteen persons, and answers received. The writer

says: "It speaks much for Eclecticism, when so many persons of different views can work together harmoniously." It will be interesting reading—the paper giving the answers of all these leaders in Eclecticism.—*John M. Scudder, M. D., Editorial, March, 1890.*

WEAK BRETHREN.

And just now we take the opportunity to say in all kindness, "We told you so"—not to our students, not to our graduates, but to a class of persons who could not then comprehend that a trifling course of instruction is disastrous to both college and student. When we candidly told the truth in that we did not propose to let any man from any direction get a diploma from our college on either short time or interrupted lessons that made him defective, it required some plain talk to convince some people of this fact. And when we said that the college which did not prepare its graduates to meet existing conditions would irreparably wrong them, we meant it in kindness to the man who proposes to prepare for a life work. In a few instances, a very few, we think our opinions were passed by students who might have been in our class, the student seeking something less exacting in the name of instruction. And now, before the time has fairly been reached for the failure to be serious, the State boards and the State laws of the majority of the States in the Union have put their foot down both on the short sessions, and few sessions, and on the men who can not pass the State board examinations. It is a case of "we told you so," in which, even before the time expected, the person who sought the diploma on short time or defective qualifications, regrets that he did not take the advice of those who looked to his own interests as well as those of education.

RHUS TOX.

One of the very frequent complications, especially in children, is determination of blood to the brain and spinal cord, and very often the child succumbs, not to the primary lesion, but to the numerous complications.

After a few days of sthenic fever the child becomes restless, cross; cries upon the slightest provocation; starts in its sleep with a sharp cry; the head is rolled from side to side, while the child *gags*, but does not vomit, the last being one of the most positive and diagnostic of all.

This group of diseased expressions tells us that the cerebro spinal centers are being unfavorably impressed, and these are the danger-signals calling for relief.

No matter what the disease, *Rhus* is the indicated remedy, and under its administration the sharp stroke of the pulse disappears, the elevated papillæ on tongue, so characteristic of the excessive nerve tension and the best evidence that the *gagging* is not the result of

gastric irritation, but is due to cerebro-spinal irritation, disappears, the sharp cry ceases, the head becomes quiet and the little patient is tided over the danger line. In rhus we have one of the best remedies in the materia medica for this very common and specific condition. It combines nicely with aconite, and where the temperature is high, with small, quick pulse, nothing surpasses, and I know of nothing that equals rhus.

A recent case will illustrate its use. The patient, eight months old, had been in the toils of the grip for two weeks, when the bowels became complicated, stools frequent, attended with pain and marked tympanitis. To add to the gravity of the case, cerebro spinal irritation, as manifested by the above symptoms, namely, tenderness along the spine, occasional rolling of the head, and ineffectual gagging, developed. It was at this stage of the disease I saw the patient.

The outlook was not bright; the patient was going from bad to worse, but the indications were straight and very plain—aconite and rhus—and within twenty four hours after their administration the temperature declined, the irritation subsided, the bowel trouble was ameliorated, and in a few days the child was convalescent. R. L. T.

SURGICAL MISCELLANY.

Dr. P. W. Welker, of Alliance, O., called me recently to assist him in an operation on a woman who had laparotomy performed three different times, and each time the operation was followed by extensive adhesions of intestines in the line of the incisions. The patient became an invalid, unable to stand erect, and in addition to this condition there was at times extreme tympanitic conditions of the bowels, which could not be relieved except by the use of excessive hypodermic injections of morphine. The ovaries and tubes had been removed at first and second laparotomies, causing artificial atrophy of the womb, and pelvic reflexes.

On opening the abdomen in the median line, we found several coils of intestine tied to the anterior line of the incisions made by the other operations. I believe the closure of the wound by the interrupted sutures, which the operator saw fit to use, was responsible for the traumatic tissue intra abdominal, to which the intestines were attached. After breaking up all of the adhesions at the expense of the peritoneal tissues, the traumatic surfaces were closed with cat gut sutures, and a large fold of omentum, the size of a man's hand, that had become attached to the right and left uterine cornua, was ligated in sections and removed. The incision made in the median line necessary for this work was closed with the over and over sutures, backing the peritoneum so as to keep all traumatic surface out of the abdomen, and each tissue severed likewise sutured. The patient made an uninterrupted recovery in ten days time, and is all right.

Case 2. Mrs. P., aged 35, mother of one child of about 12 years

of age, had been in care of Dr. Welker for a short time on account of a nervous condition that took on the form of insanity. After making a careful examination of the patient, we found a superinvolution of the womb had obtained following child-birth, and undoubtedly a metritis during her period of recovery. There was also evidence of extensive laceration of the uterine cervix, with much cicatricial tissue and hardening, extending from the external os and involving most of the uterine cervix. This condition of the uterus had undoubtedly caused this reflex neuroses. The patient had taken on suicidal tendencies, and was inclined to destroy her off-spring for fear that she too would become insane. We believe that the cause for the aberration of mind, was due to the pathological condition described above. We therefore placed the patient in a Cleveland, O., hospital, and performed vaginal hysterectomy to cure both body and mind. Quite a number of cases not unlike this one, have been operated upon in the last few years, with very gratifying results. I do not believe these cases can be reached by any remedial agencies, so long as the pinched and atrophied uterus is allowed to remain.

* * *

Drs. Shultz and Hetherington, of Logansport, Ind., enjoy a very large general and surgical practice. Not long since, I was called to to assist them in a case where the uterus had taken on a sarcomatous condition that developed intra-abdominal effusion to the extent of a gallon every few weeks, then ruptured, and passed through an opening into Douglas cul de-sac. We did an abdominal hysterectomy, removing the malignant mass and uterus, and the patient has since made a very nice recovery. There was, however, during the first three days following the operation, a condition of the patient that was quite alarming on account of the low temperature, reaching as low as 95 on the third day, with every indication of collapse. This was overcome by the doctors using normal saline solution injections, which gradually carried the temperature to the normal point, and the patient was then out of danger.

* * *

Drs. Duncan, of Harrison, O., recently called me to assist them and Dr. Bowles to do a left lateral lithotomy on a fleshy man about 65 years of age. The patient had been the possessor of a lith the size of a hen's egg for nearly three years, during which time he had been a great sufferer, and at times large quantities of pus passed in the urine, and a severe chronic cystitis was manifest. It was therefore deemed much the better way to deal with this case by the left lateral incision instead of by the suprapubic method. I take it that each case should be a rule unto itself as to the method of operating. If we have thick abdominal walls, and an aged patient, I have found that the suprapubic method was not as successful as the lateral wound with its drainage.

SODII BI-CARBONAS.—Sodium bicarbonate is the name given to a salt which should contain 99 per cent of pure sodium bicarbonate. It is a white, opaque powder, nearly insoluble in the air, but soluble in 12 parts cold water. This, then, is the old fashioned remedy of our mothers, which was and is used in baking and in sweetening different acid products of the table; more especially in making the light buck-wheat pancakes where the rising had become sour; also for the purpose of making light biscuits. Sodium bicarbonate is one of the best medicinal remedies, under certain conditions, that we have in the *materia medica*.

Take for instance where a person has partaken of sweets, and the stomach becomes rebellious with eructations of a bitter, burning, acid fluid; 3 to 5 grains of bicarbonate of sodium in a swallow of water will give almost immediate relief. Again, in those cases where fever blisters or papulæ appear on the lips, the dry bicarbonate of sodium rubbed well into the fever sore, on retiring at night, and allowed to dry, will obliterate the "fever sore" by morning. Also in case of Grip, where the mucous tissue is reddened and inclined to an inflammatory nature, a little bicarbonate of sodium dissolved and taken at frequent intervals, is the remedy *par excellence*. Again, being strongly antacid, it is very useful in "drawing out the fire" following a severe scald or burn of the tissue. The powder is to be applied with a powder duster, or on a little fold of absorbent cotton, and the burn covered and protected from the air. In a few minutes the alkali neutralizes the acidity of the burn and antidotes and controls pain. This remedy is worthy of careful study and experiment. In sudden cases of cold in the head, a little of the powder dissolved in water, and used as a nasal douche, should give quick relief. It is also a good remedy for cleansing the gums and teeth, applied on a tooth-brush with a little water; it will also sweeten the mouth.

* * *

STRYCHNINE.—In the preparation of a patient about to submit to an abdominal section, in addition to the giving of salts for two or three days, cleansing out the bowels, and taking the patient off from all solid foods, I think it excellent practice to give 1-100 grain of strychnine three or four times daily, for its tonic effect on the intestinal tract, stimulating and prevent the tendency to flatulency and paralysis of the intestine following the laparotomy. It is also an elegant remedy for its effect on the nervous system, helping to prevent and ward off shock.

L. E. R.

ARSENIC.

Our friends in England are having their troubles with arsenic—that is, it is presumed arsenic makes the trouble. In Manchester there has been an epidemic of poisoning, by what is known as arsenical beer. The extent of this poisoning may be judged, when it is known that the Royal Commission appointed to investigate the

subject, reported as follows, of those poisoned : 2000 in Manchester ; 996 in Salford ; Chester, 46 ; Berkinhead, 100 ; Litchfield districts, 524, and Stratfordshire reports 667 cases. So much for the afflicted, now for the cause. It seems that this beer has been made from glucose, which carried the arsenic into it, and on further investigation, it is found that the sulphuric acid used in making the glucose, affected that substance. Thus it is, that as with phosphate of sodium poisoning of some time ago, this acid becomes responsible.

But in considering the subject further, we note from studies that have been made, another factor enters into the problem. The element selenium possesses properties as a poison, similar to that of arsenic, indeed it is stated "that in the majority of cases of so called arsenical poisoning by beer, the gravity of the symptoms has far exceeded any possible quantity of arsenic absorbed." It would be out of place, before the conclusion of the investigation, for us to do more than call attention to the above facts, to which, however, we can consistently add, that the subject of eternal vigilance concerning the quality of chemicals and drugs, is ever before us.

J. U. L.

END OF THE TERM.

As the end of the college term approaches, students in colleges demanding close attention and systematic work come to realize the advantages they derive from such methods. For a time, at the commencement of the term, a man may now and then be disposed to resent the enforcement of rules which compel him to do justice to himself, but, as time passes, he becomes aware of the fact that such methods are for his own good, as well as for the credit of the college. And when the session draws to its close, he sees clearly that which the men who conduct the institution perceive in advance. Then it is that he appreciates the difference between a thorough course in study and slipshod methods ; then it is he thanks his good fortune in that he was not permitted to make a mistake in the start which would be disastrous in the end.

And in this direction we question, if now, at the close of this session, any member of the class of the Eclectic Medical Institute is disposed to criticize a professor who demanded that every student give his best effort to the work that must not be slighted.

A PROMISE.

More than once we have said to our readers : if you send your students to the old Institute, you will send them where subjects for work will be provided, and where in turn work will be demanded. Where the professors teach, and where the students must hear what they teach. Where no time for trifling will be given, and where no trifling will be tolerated. Where earnest thought and systematic in-

struction by the faculty are to be recognized by not less earnest study and close attention by the student. Now, as the session closes, we ask, does any man of this class regret that we voiced these facts before the term opened, or regret that we enforced the rules during its passage? Does any man want us to announce one thing, and then do another, to the injury of the student's future? Who, of all this class, regrets that the course of instruction in the old Eclectic Medical Institute has been such as to credit any educational institution in the land; such as will place our graduates shoulder to shoulder with any man in any field; such as will permit the holder of a diploma to meet any state examining board? Who of this class now regrets that whatever is announced in the catalogue is to be found in our College, the thorough course of instruction, the full corps of professors, and the opportunity to work?

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

MY DEAR DOCTOR :—The next meeting of the National Eclectic Medical Association is booked for Chattanooga, Tenn., June 18, 19, 20, 1901. All Eclectics are billed for this meeting at time and place mentioned.

It is expected that we occupy the spacious and magnificent Lookout Inn, on the top of Lookout Mountain, which will be cool and pleasant as the sea shore, by day and by night, and commands one of the finest views in the world. Preparations are being rapidly completed and a fine program will be forthcoming. All matter for program should be in the hands of Section Officers by April 2d, and in the hands of Dr. Pitts Edwin Howes, Secretary, not later than April 10th, to appear in printed program.

Chattanooga is accessible by railroads from all directions, and passengers are landed in the very heart of the city. A rate of one and one-third fare for the round trip, on the certificate plan, is promised from all sections of the country. Dr. N. A. Graves, Corresponding Secretary, 518 West Chicago St., Chicago, will fully inform you in regard to transportation from any and all sections, within a short time. Hotel rates will be \$2.50 to \$3.00 per day, American plan.

Remember the prize contest, write your best article, report your most interesting cases, and come to the meeting. This is a case wherein "all who run will obtain a prize."

The entertainment promises to be the very best—the meeting of the society shall be what we make it,—so come on, "boys," and let us rally 'round the old ship which has thus far safely carried us.

Very respectfully,

E. LEE STANDLER, M. D., President.

ALUMNAL ASSOCIATION AND COMMENCEMENT EXERCISES.

To the Graduates of the Eclectic Medical Institute:

You are earnestly invited to attend the next Annual Meeting of the Alumna Association of the Eclectic Medical Institute, to be held in the lower Lecture Hall of the College, Tuesday, April 9, 1901, at 2:30 P. M.

If you are not a regularly enrolled member of our association as an Alumnus of the College, we earnestly solicit your membership. You can send in your application for membership (\$1.00 initiation fee and membership certificate) and help us in our work even in case you cannot be present personally.

At the same time we extend to yourself and friends a cordial invitation to attend the Fifty-sixth Annual Commencement Exercises of the Eclectic Medical Institute to be held at the Scottish Rite Cathedral, No. 117 Broadway, above Fourth Street, Tuesday evening, April 9, 1901, at 8 o'clock.

We believe our exercises this year will prove interesting and will justify you in making arrangements to revisit your Alma Mater, if you can possibly arrange to do so. If you are not a member of the Alumna Association, we again urge you to join.

Faternally yours, JOHN K. SCUDDER, M. D., Secretary.

ERRATUM IN THE ANNUAL, Vol. No. 8.

We wish to call the attention of former subscribers to Vol. 8 of the Annual of Eclectic Medicine and Surgery to the fact that the poetry on page 503, headed "Medicine in Meter," was erroneously credited to Dr. P. B. Wright, of Grand Rapids, Mich. This error occurred through no fault of either the editor or publisher, and was unintentional. The poetry was, however, read before some one of the State Eclectic Medical Societies in either 1897 or 1898, and we would like to ascertain the author in order to give proper credit.

ERRATUM —On page 132 of the March JOURNAL, fourth line from the top, 3 to 48 hours should read 36 to 48 hours.

The curative effects of a medicine are not so much dependent upon the dose of the drug as upon its quality. If the preparation faithfully represents the indicated medicament the dose required is small—much smaller, no doubt, than is generally supposed. A four-ounce prescription containing five drops of the specific aconite, and given in teaspoonful doses every hour or two, furnishes a patient but a very small quantity of the drug, and yet we all know that this small dose is very effective, and in many fevers decidedly curative.—*John W. Fyfe, M. D.*

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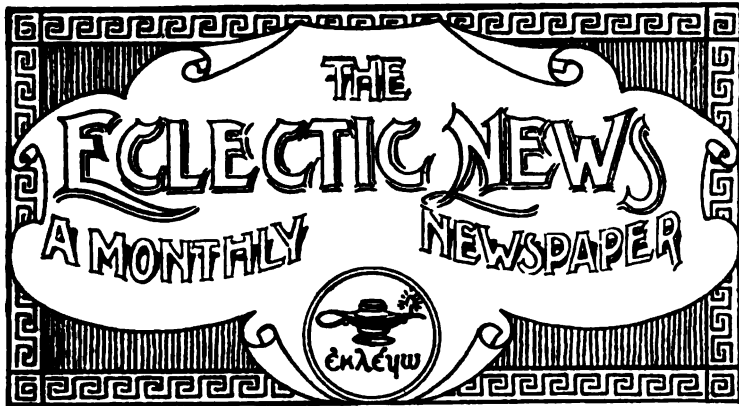
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VOL. VII.

APRIL, 1901.

No. 4.

BOOK NOTICES.

AMERICAN DISPENSATORY (KING.) New edition. Entirely rewritten and enlarged. By Harvey W. Felter, M. D. Two volume edition, royal octavo, containing over 2,200 pages, with complete indices. Both volumes now ready. Price, cloth, \$4.50 per volume; sheep, \$5.00 per volume, postpaid. The Ohio Valley Company, Cincinnati, O., publishers.

A dispensatory is a commentary on a pharmacopœia. The American Dispensatory is more than this; it is not only a commentary upon the contents of the United States and British Pharmacopœias, but contains abundant criticisms upon all the medicines employed in the healing art. It is encyclopedic in its scope and contains more articles and fuller therapeutic mention than any similar work extant. In this work drugs and chemicals are fully considered from every standpoint. In the instance of a plant employed as a medicine, we have as the running title the pharmacopœial name if it be official; if not official, the most commonly employed trade name. This is followed by its generally accepted and common name as a rule. The parts used are given, and the botanical name with its synonyms, if any. The natural order follows, and this is succeeded by various common names applied to the drug, even to provincial names. The botanical description of the plant follows, then its botanical history and drug history. Then a description is given of the plant employed. Its chemistry and chemical history are fully discussed. In the section on action, medical uses and doses, the physiological and therapeutic action is concisely yet fully given, and the therapeutic uses in full. This last portion is particularly exhaustive and fully representative of modern Eclecticism. Following this the *specific indications and uses* are clearly set forth, and lastly the related species or plant derivatives, either botanically or therapeutically are copiously added.

In the case of a chemical, a similar course is pursued, giving the atomic or molecular weights, the composition, history, source and mode of preparation, exhaustive descriptions, and full and reliable tests. The various sections in pharmacy are considered in general articles, after the special preparations are set forth in detail. This department is especially rich in the older preparations which have made Eclectic medicine famous.

This work excels in giving a greater number of drugs than any other similar work, a large number being mentioned which do not occur in other like works. It excels also in fullness of description.

Its historical data are unequalled and unapproached by any other American work on drugs. Its chemistry and pharmacy is later and fuller than in similar works. It is fully illustrated, especially in the line of plants developed as medicines by the Eclectic school. It embraces *all the Eclectic therapeutics* contained in *all the materia medica* and journals of the Eclectic school of medicine. It is rich in the best of old Eclectic therapeutics and preparations for which Prof. King was celebrated, and in specific medication is fully up to date with modern Eclectic medicine. It is unapproachable by any work in medicine in the completeness of its section on specific indications and uses. It contains a sufficient account of the majority of the newer synthetic compounds, with guarded criticisms upon their useful or dangerous qualities. A marked innovation is the accounts of well established semi-proprietary preparations of reputable sources, and the ingredients of which are given in the formulas.

This dispensatory is particularly exhaustive in the treatment of medicines which have been developed by the Eclectic school, such as podophyllin, hydrastis etc., and is especially rich in Eclectic drug history.

This work contains the contents of the United States Pharmacopoeia and the National Formula, permission to use these for comment having been granted the authors by the committee in charge.

An exhaustive cross index makes any article, derivative or principle quickly accessible.

PHYSICAL DIAGNOSIS IN OBSTETRICS. By Edward A. Avers. M. D. Cloth, price, \$2.00. E. B. Treat & Co., publishers, New York.

This work will no doubt be welcomed by the profession at large, since it is the only publication of recent years devoted to this especial department of obstetrics. It is divided into ten chapters, containing 67 illustrations, and will be found a complete guide in ante-partum, partum and post partum examinations. Several tables are included in the work on pelvimetry, pelvic and foetal measurements, as well as weights, heights, etc. There is also given a fac-simile of a completed obstetrical history chart, by means of which one may keep recorded a detailed and tabulated account of the history of all obstetrical cases. Any one desiring something of this kind will not be disappointed by investing in this little work. R. C. W.

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"During the recent summer, I believed I saved the life of a little negro boy by the use of Echafolta and this remedy alone. He was about four years old, and his surroundings were of the most unsanitary character and his nursing the poorest imaginable. In spite of these unfavorable conditions he recovered after an exhaustive disease lasting more than two months. The trouble began very much like a case of continued fever, but of a low type. He continued to get worse and about the second week experienced an alarming condition approaching collapse. The heart action became very feeble and intermittent. Following this depression came an exhaustive diarrhea of a choleraic character. I easily controlled this diarrhea with rhus aromatica. At this juncture septic infection became evident and the lungs were involved with a pneumonia of quite pronounced severity. I then began administering ten-drop doses of Echafolta. This had the effect of mitigating the symptoms considerably, and in a few days his condition was so much improved that I stopped the remedy, and then the symptoms became greatly aggravated. I again resumed the Echafolta, when a complete change for the better took place, but it was followed by another profuse diarrhea and I discontinued the Echafolta and again controlled the diarrhea with rhus aromatica. At this stage of the disease (third week) circumscribed, inflammatory swellings appeared on various parts of the body. These were sluggish, and, at first, quite painful, but soon developed into abscesses and would break spontaneously, discharging a sanious and offensive pus. The abscesses continued throughout the course of the disease (ten weeks) and numbered at no time less than six, appearing chiefly near the joints, on the neck, in the groin, on the back and one on the scalp. Feeling convinced at the time that Echafolta was the only remedy administered that seemed to hold the disease in check, I put him on ten-drop doses every three hours and kept him on it until complete recovery took place. From what I observed in this case I believe that the boy could not have lived without the remedy, for whenever it was discontinued he became alarmingly worse, and whenever it was resumed, his condition became better so promptly that I could attribute it to no other cause. The boy to-day is strong and hearty and shows no ill effects of his serious illness."

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EDITORIAL FROM E. M. JOURNAL.

PRACTICAL OBSTETRICS. By E. H. Grandin, M. D. 8vo, 511 pages. Cloth, \$4.00 net. F. A. Davis Co., publishers, Philadelphia.

This is one of the best known of the modern text books on obstetrics. We have reviewed the two former editions after careful perusal, and no extended notice of this the third edition, which is just ready for the market, is necessary. The present edition has been thoroughly revised and considerably enlarged, a complete chapter on embryology being included. The work is well illustrated, attractive, and the former good reputation is well sustained in the recent edition. R. C. W.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY FOR 1901. Vol I. including general medicine. Octavo, 681 pages. Philadelphia, W. B. Saunders & Co. Cloth, \$3.00, net.

This being a digest of the writings from JOURNAL articles, monographs and text-books, presents to the reader the latest that is known upon every subject of medicine. The reader can thus find in a few moments what it would otherwise take him hours to learn—in fact what many times it would be impossible for him to find. The chaff has been separated largely from the wheat, and the busy practitioner may turn to his Year-book with the assurance that what he reads is the latest in medicine. R. L. T.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY. Being a Yearly Digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery, with Critical Editorial Comments by Drs. J. M. Baldy, Chas. H. Burnett, J. C. Da Costa, W. A. N. Dorland, V. P. Gibney, C. A. Hamann, H. F. Hansell, B. C. Hirst, E. F. Ingalls, W. W. Keen, H. G. Ohls, W. Reber and J. H. Waterman, under the general editorial charge of George M. Gould, M. D. W. B. Saunders & Co., Philadelphia. Vol II. Surgery, 610 pages. Price, cloth, \$3.00. Illustrated.

This great annual is now published in two volumes and is much more convenient, and the cost is about the same. As we have said to JOURNAL readers before, we very much appreciate a good year-book. It takes a very great deal more time than the practicing physician can command to sift the thousands of pages of medical literature for the grains of wheat, and, even with much time, it takes more than an ordinary mind to discriminate between the good and the poor, the practical and the impractical. We always argue that it requires the brightest and best minds to make a collaborator or editor. Dr. Gould is in this class pre-eminently, and his co-laborers are among the best in the country. The work embraces obstetrics, gynecology, otology and ophthalmology, and general surgery. New features and new procedures in diagnosis and treatment receive full attention. No man who is desirous of keeping within easy reach of all the progress of the year can afford to do without a good year-book, and there is none better than this one. It discounts forty JOURNALS, because discerning and discriminating selection has been exercised. W. E. B.

ETHICAL MARRIAGE. A discussion of the relations of sex from the standpoint of social duty. By Delos F. Wilcox, Ph. D. Price \$1.25. Wood-Allen Publishing Co., Ann Arbor, Mich.

As the name indicates the author presents his views on the marriage question from the social, moral and political standpoints. The author's conclusions are summed up in the closing paragraph as follows:

"It is the despair of social reform that co-operation, except for strictly selfish purposes, is a difficult thing to bring about. Every reformer pulls his own way while the enemies of progress and freedom organize compact 'machines' whose motive force is money or other worldly gain. With the reform of marriage, conditions are quite different. For the building of an ideal home the co-operation of two persons only is primarily required. However defective our laws may be, they do not present any great positive hindrances to right conduct on the part of those who have the will to act rightly. A young man or woman, therefore, who is eager to do something for humanity, does not need to wait until a multitude are ready to band together for the pursuit of ideal ends, but may at once, in preparation for marriage and its consummation in parenthood, contribute most unerringly to the social and political welfare of this country and the world."

K. O. F.

PRACTICAL URINALYSIS AND URINARY DIAGNOSIS. By C. W. Purdy, M. D. Cloth, \$3.00, net. F. A. Davis, Co., Philadelphia.


This, the fifth edition, is most certainly complete and abreast of the times. The photo-engravings and colored plates are all good, and not over colored. The author is to be complimented for the skillful handling of his subjects. It will prove a very valuable aid in the diagnosis of this class of diseases.

C. G. S.

SKIN DISEASES, (illustrated). An atlas and text book, with special reference to modern diagnosis and the most approved methods of treatment. By William S. Gottheil, M. D. Unbound, 13 parts at \$1.00 each. Bound, complete, Morocco, \$15 00. E. B. Treat & Company, New York.

This excellent work on skin diseases, issued in parts, is now complete and furnishes the practitioner one of the latest, freshest and most artistic works on skin diseases published. Especial attention has been paid to symptomatology, diagnosis and treatment of lesions of the skin, which makes the work of greater value to the practitioner than more exhaustive works, which deal so largely with etiology and pathology of the disease. The illustrations are works of art, the colored plates representing to life, the various lesions so widely described. Most of these are from photographs taken from his own or brother physicians and not made up largely from those foreign sources so often found in text books. The subjects treated are mostly those that the every-day practitioner is likely to meet. A valuable addition to any physician's library.

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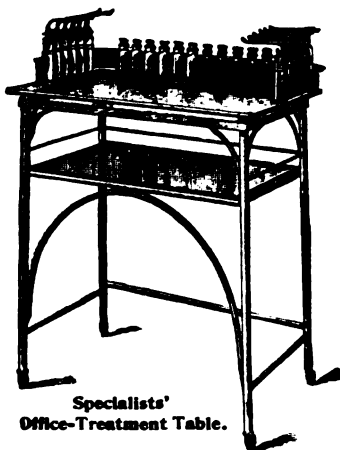
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COLLEGE AND SOCIETY NOTICES.

LIST OF COMMITTEES for the National Eclectic Medical Association Meeting, at Chattanooga, Tennessee, June 18-20, 1901.**AUDITING COMMITTEE.**

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COMMITTEE ON ARRANGEMENT AND RECEPTION.

W. H. Halbert, Nashville, Tenn. W. V. Robertson, Atlanta, Ga.
A. B. Young, Brownsville, Tenn. W. N. Holmes, Milan, Tenn.
Giles Hathcock, Butler, Ga. B. L. Simons, Granville, Tenn.

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Pitts Edwin Howes, Boston, Mass.

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Edward J. Farnum, Chicago, Ill.

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 Louisiana, P. W. Falls, New Orleans.
 Michigan, W. L. Marks, Grand Rapids.
 Massachusetts, John Perrins, Boston.
 Maine, T. J. Bathcelder, Machias.
 Missouri, M. M. Hamlin, St. Louis.
 Minnesota, R. F. Lynch, Monticello.
 Montana, C. S. Whitford, Butte City.
 Nebraska, F. L. Wilmeth, Lincoln.
 Nevada, S. L. Lee, Carson.
 New Hampshire, W. F. Templeton, Manchester.
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Nebraska, F. L. Wilmeth, Lincoln.
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PITTS EDWIN HOWES, Secretary.

PERSONALS.

SURGICAL ITEMS.—Dr. E. M. Ilgenfrits, of Youngstown, O., called me to assist him in an important surgical operation. While there at this time, I met Drs. Isaiah Brothers, Moore, Klyne, Thatcher, and Schiller, all good, worthy representatives of the old E. M. I., and doing a splendid business. It is my desire that one of these worthy sons of the Mahoning Valley be elected the next president of our State Medical Association.

Dr. C. R. Crow, a staunch Eclectic practitioner of Indianapolis, Ind., had me assist him in a laparotomy the latter part of March. He has one of the largest obstetrical and gynæcological practices of any physician in Indianapolis.

Dr. E. A. Ballmer, of Pandora, O., purchased the practice of Dr. Dech, and has been quite successful in a number of surgical cases that he has undertaken since his beginning in the practice at Pandora in the last two years.

Dr. Q. R. Hauss, of Sellersburg, Ind., has fitted up quite an extensive surgical hospital in connection with his general practice, and has been extremely successful since the opening of the same, some three years ago. He has had several laparatomies and many major surgical operations with abundant success.

Dr. C. W. Conley, of Eaton, O., is one of the most aggressive practitioners in the country. He has a very extensive general practice, and withal quite a number of surgical cases. The Doctor is not satisfied with present attainments, but is constantly investigating in new fields, and will surely be able to cope with any physician of any school.

Dr. Volle, of Reading, O., occasionally brings to the college clinic surgical cases of considerable importance. When it comes to a question of careful diagnosis of an obscure case, you can always depend upon Dr. Volle in that neighborhood.

Dr. J. H. Jenkins, of Rushmore, O., has built him a new home and office, and seems to be master of the situation in that part of the country. I was recently called to assist him in two very important surgical operations, one of a vaginal hysterectomy, and the other an oophorectomy; both cases made complete recoveries.

Dr. J. G. Sutton, of Rushsylvania, O., had an obscure case a few days ago, a young lady some 18 years of age, who had been confined to her bed for the last six months. The Doctor's diagnosis was pyosalpinx, which was confirmed by a laparotomy and the removal of the sausage-like tubes. Dr. Sutton is doing exceedingly well. L. E. R.

READING NOTICES.

PARIS EXPOSITION, A. D 1901, awarded highest prize to William R. Warner & Co., in their class for the recognized superiority based upon the following claims:

The Exhibit consists of Soluble Sugar and Gelatin Coated Pills, Parvules, Dosimetric Granules, Elegant Granular Effervescent Salts, Compressed Tablets, including a series of Effervescent Tablets, comprising Lithia Water, Kissingen Water and Vichy Water Tablets; standard Medicinal Fluid Extracts, Medicinal Elixirs, Syrups and Wines, and a line of Superior Pharmaceutical preparations made in accordance with the receipts indicated by the United States Pharmacopeia, the formula of famous medical men and specialties of original invention.

Messrs. Warner & Co. claim for Soluble Coated Pills, and Granules quick solubility, accurate subdivision of the drug, the use of selected excipients in making the mass, avoiding incompatibility and insuring quick integration and a thorough assimilation of the medicament. The inner mass is thoroughly protected from atmospheric influences by the soluble coating as applied, presenting at once a form of medicine which is reliable and permanent and not affected or impaired by age. They possess decided advantages over the ordinary pill of the pharmacy, extemporaneously prepared, in that the minute division of powerful chemicals is more readily reached by accurate processes and facilities invented and used especially for the purpose.

For Granular Effervescent Salts, they claim uniformity of granulation, prompt effect of the applied remedy and general elegance of the finished product.

Claim of Effervescent Lithia Tablets, convenience, reliability, uniformity of dosage, whereby a Lithia Water can be made extempora-

neously of a standard strength and known dosage, added to which is the economy of the product.

For Medicinal Fluid Extracts claim a product of standard strength, prepared according to the latest approved processes, representing the active principles of the drug employed, each minim of the solution representing one grain of the ground drug from which all inert matter has been eliminated.

As an attestation of these claims, they quote the fact that they have received not less than 16 highest medals from as many different World's Expositions which have been held, dating from the year 1873 to the present time, and 70 medals and diplomas awarded at various other exhibits.

Dr. C. Morrosa, 1045 Mission street, San Francisco, Cal., says: I have used S. H. Kennedy's Extract of Pinus Canadensis (White) in one case of gonorrhea. A lady had a discharge for months and had been treated with iodine crystals in water as an injection, with no effect except to soil her clothing. I gave her a bottle of S. H. Kennedy's White Pinus Canadensis, giving directions for use as an injection internally, gave fluid ext. prunus virg. as a tonic. She lives in Alameda, and only yesterday she sent me some other sufferers, telling them I cured her. I will say in conclusion that your preparations are good. I have used them in some minor cases that I did not think worth while noting at the time, always with success.

BOMBAY, DEC. 23, 1900.

You must be aware that in the Herpes Zoeter, all so-called ointments, paints, etc., are not of the slightest use, and that the disease runs the painful course in spite of treatment internal or external. Having a severe case of Herpes where the chest, back and the arm was affected, and the patient's pain was unbearable, and knowing the value of Ecthol, I ventured to give it a trial. I applied Ecthol on a piece of lint, and strange to relate, within 24 hours the pain had mostly subsided and the pustules had quite a shriveled appearance. This was the third or fourth day of the disease. The patient made a painless recovery thenceforth. I am giving it extensive trials now in all cases where there is any pus.

D. P. SETHNA.

CLARK UNIVERSITY, SOUTH ATLANTA, GA., NOV. 27, 1900.

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Prof. of Biology and Chemistry.

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JOHN K. SCUDDER, M. D.

MANAGING EDITOR.

Assisted by the Faculty of the Eclectic Medical Institute

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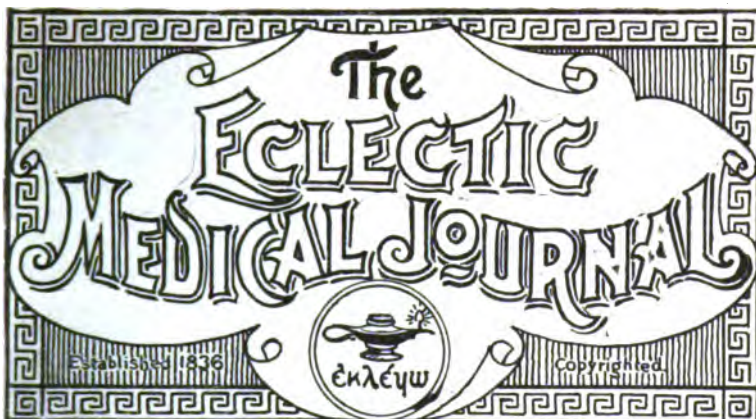
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ORIGINAL COMMUNICATIONS.

A STUDY OF THE COMPARATIVE ACTION OF DRUGS.

By Finley Ellingwood, M. D., Chicago, Ill.

A COMPARATIVE study of the action of the remedies which act upon similar conditions, or upon organs or groups of organs, is interesting and profitable; indeed essential to a perfect knowledge of the action of these drugs. I have intended for a long time to devote myself to such a study of our important remedies, but have accomplished but little in the line of actual advancement.

In the selection of a heart remedy, it is essential that we know which particular remedy to use, when the tension of the heart and arteries is high, when there is increased tonicity, or on the other hand where there is debility and lack of tone. Again, the remedy that will control palpitation which is due to reflex or functional disturbances, would be a different remedy from one which would control palpitation from organic faults.

The comparative action of our special sedatives is well known. I present herewith a somewhat cursory observation of the action of a few drugs.

In the selection of a heart remedy, we would use cactus if there was feebleness of the heart's action from a lack of strength, from exhaustion with dyspnea; a sense of weight in the chest with palpitation more or less violent after exertion. This is especially true if there be any degree of nervous exhaustion or lack of nerve force. If the muscle of the heart was alone weakened and the general strength of patient was not otherwise reduced, we would get excellent results from *strophanthus*. If there be a sudden abatement of the heart's action from acute causes, with general feebleness which threatens serious

results, and we need an immediate whip to the heart, then digitalis, or digitalis and strychnine are remedies that would be suggested. If we desire to improve the general nutrition of the heart; to correct its rhyme and rhythm and slowly and permanently increase its power and tone, we would get excellent results from convallaria.

Apocynum is demanded if there is pericardial effusion, or if the extreme feebleness of the heart's action seems to be increased by a tendency to an increase of general dropsical effusion. This agent I am confident, is under-estimated as a heart remedy,

Cratægus has not yet gravitated into its correct place as a remedy in heart disease, but our observation so far seems to prove that it is effectual where structural changes in the heart, or in the arterial coats are present, with great weakness, and weakness of the muscular structure of the heart accompanied with pain. It is also true that the remedy will act well where there is palpitation depending upon the rapid exhaustion of the nervous system, in which there are heart murmurs which disappear upon improvement of the general condition. In these cases the agent seems to assist in toning up the nervous system, as well as to improve the heart's action.

In the selection of a kidney or bladder remedy, the entire function of the kidneys must be considered, if we would be exact in the application of the remedy. If there be but little water passed, of high specific gravity and dark color, then a remedy to increase the water without increasing the total quantity of solids, is desirable; and such a remedy we find in epigæa. If the crystallizable solids irritate the kidneys and produce a serious backache, hydrangea should be given in conjunction with the epigæa. Hydrangea is also indicated if there be sharp cutting pains in the urethra. A single drug that will accomplish as much as the epigæa and hydrangea combined in a few cases with the above symptoms is stigmata maidis—corn silk.

Where the lithæmic condition is very marked, with a tendency to renal hemorrhage, the irritation extending to the bladder with tenesmus, equisetum is a good remedy. If there be inflammation of the bladder walls with great irritation in the presence of the above condition, or where there is a tendency to the formation of pus with phosphatic, calcareous, or uric acid deposits, pichi is indicated. Xanthium finds its indication also in a condition very similar to this.

Where inflammation of the bladder is of an acute character, especially if following confinement and there is large quantity of mucous passed, with urine that is *strongly alkaline* or of an ammoniacal odor, then neutralization is essential. This is best accomplished chemically by the use of benzoic acid and borate of sodium in an infusion either of althea or of stigmata maidis. This reduces the irritation very rapidly as well as the secretion of mucus. Where pus is present in the urine, whether it be from the bladder or kidneys, whether it be acute or chronic, while the direct remedy may be indicated by local phenomena, it is well to add echinacea, as we have no agent that exercises

so active an inhibitory action upon the formation and excretion of pus. It works harmoniously with other indicated kidney or bladder remedies.

Where the specific gravity of the urine is low, with conditions acute or chronic and the quantity of urine is large, the acetate of potassium in small doses with *cimicifuga*, are valuable remedies. *Geranium maculatum* and ergot are advised to retard the excessive quantity of water while the solids are increased by the above named remedies.

In the selection of a remedy for uterine disease, if we have dragging sensation in the lower abdomen, with an inclination to support the abdominal walls, then *helonias* is indicated. If these symptoms are present, with great relaxation of the muscular structure of the womb, with excessive leucorrhoea, *macrotys* in full doses must be given. If there is great nervous prostration with sexual apathy and weakness of the reproductive function with irregularity of the menstrual flow, *senecio* must be given in conjunction with the proper nerve tonic remedies. *Hydrastis canadensis* is an excellent addition to the treatment in such cases, as its influence as a tonic is permanent. If the uterine function is impaired, and there is great weakness of the general system from too frequent child-bearing, *aletris farinosa* may be added to the treatment. If there is deficient menstrual function with great nervous excitability, *pulsatilla* is valuable. If there is reflex irritation during pregnancy, the condition gradually influencing the patient's general health, *Mitchella* will be found the most direct remedy, and will prepare the patient for confinement in a satisfactory manner.

In threatened abortion, sedatives to the uterine muscular irritability are essential. We have several of these, the most conspicuous of which is *viburnum*, which must be given in full doses. If there be powerful uterine contractions without much hemorrhage, *gelsemium* will enhance the effect of *viburnum*; but if severe hemorrhage is threatened, this agent must not be given, but *collinsonia* or *hamamelis* will increase the sedative action of *viburnum*.

A most interesting study in this line, is the study of some of the important chemical agents that we use, especially the bromides and iodides. While we do not use these as much as the old school, we use them a great deal, and a thorough knowledge of the action of the combining elements of each compound is essential. All of the elements entering into a chemical compound influence the therapeutic action of the compound, but this fact is not usually considered; the dominant element being selected without regard to the action of the element with which that is combined. Potassium in large doses is an irritant poison. It suspends functional operation of the muscular structures. It shows its influence plainly upon muscular contractility, reducing the power of the heart. It irritates the stomach and suspends the functional activity of all the important glandular organs to a certain extent. It greatly reduces sexual excitability.

If a bromide, then, is desired where there is great nervous excitability, with a sthenic condition of the muscular system, where the muscular condition of the heart is above normal tone, and where the functional activity of these organs is greatly exalted, then the bromide of potassium is the correctly indicated remedy; but if there be irritation of the stomach, with weakness of the muscular structure of the system and general lack of tone which demands a general tonic or stimulant, then the bromide of sodium is a proper remedy. If there be actual derangement of the stomach with chronic gastritis or great sensitiveness of the stomach to agents of any kind, then in selecting a bromide for general nervous irritability, the strontium bromide will be found the best remedy. If extreme or acute feebleness be present with great nervous irritability, the ammonium bromide will be indicated.

If a bromide is desired where there is renal disease, or defective action of the kidneys with more or less suppression of urine, the lithium bromide will facilitate the action of the other remedies. The magnesium bromide will act in a superior manner if the tendency to acidity in the stomach or intestinal canal is very great, and interferes with the appropriation of other remedies; the sedative influence of the bromide is very marked, while the magnesium produces its characteristic soothing and neutralizing influence.

No single class of remedies will more satisfactorily repay study than those acting upon digestion. The commonest of the digestives is pepsin; but this agent influences stomach digestion principally, and largely that of non-nitrogenous food. It acts only in an acid medium. Its influence upon nitrogenous constituents converts them into peptones, which demand further digestive action. It covers a limited field in the digestive processes.

Pancreatin exercises its influence in an alkaline medium, and is indicated where there is faulty digestion of fats; it will prepare fatty foods for rapid nutrition. It is indicated when there is pain, an hour or more after eating, in the upper portion of the intestinal tract, or where there are eructations of fatty foods, or the passage of undigested fat in the feces.

Ingluvin exercises some influence upon digestion similar to that of pepsin, but it is especially indicated where the presence of food causes nausea or gastric irritation, as its sedative powers are greater than any of the other digestives. When indigestion causes vertigo or disordered vision or other reflex symptoms, ingluvin is the proper remedy. Takadiastase and other diastatic ferment found in the various combinations of malt, are to be selected when the digestion of starch is deficient. It has a narrow but important field, as in many cases almost the entire nutrition is derived from starchy products.

Papaw is not a natural digestive, but it has a profound influence upon digestive processes. In many cases it covers almost the entire field of the other digestives, and can often be given where the specific indications for the others cannot be determined. It influences stomach

digestion, or digestion of fats and starches equally well, as it operates either in an acid or alkaline medium. It will especially control pain in the stomach immediately after taking food, or in the intestinal tract an hour or two after taking food; the pain being due to imperfect digestion. It encourages the secretion of all other digestive ferments, and promotes the tone of the secreting glands and of the gastro-intestinal organs.

This study could be carried on indefinitely with every class of our remedies. I have simply introduced such here in a superficial suggestive manner. I have presented no deep thoughts upon the subject, but trust in the future to carry this study very much further into each field and determine a greater degree of definiteness concerning the comparative action of drugs than we have ever been able to obtain. In this study I would like to have the co-operation of every reader of this Journal.

THE TREATMENT OF MISPLACEMENTS WITHOUT PESSARIES.

By Pitts Edwin Howes, M. D., Boston, Mass.

THOSE who were so fortunate as to attend the lectures of Prof. John M. Scudder will vividly remember how bitterly he condemned the use of pessaries in the attempt to cure the various misplacements of the uterus. He contended, and I believe rightly, that instead of curing, they were the cause of the continuance of the difficulty.

All who are at all familiar with the anatomy of the pelvis, will grant that the uterus is suspended within the pelvic cavity by means of certain ligaments; and that their correct relation to the various parts are due in a large degree, to the proper tonicity and activity of the various muscles which aid in a great variety of movements.

If any of these muscles are ill-adapted to perform their usual function, a certain result is sure to follow. The harmony which had heretofore existed has been broken, and the derangement is more or less detrimental, according to the extent of the impairment.

How many times are we called to a case of misplacement, when the muscles of the abdominal walls are almost useless? They are not in the least calculated to perform their part in holding in position the uterus, which depends upon their free anterior support.

Again, we may find that the muscular tissues of the pelvic cavity, the vagina, or the rectum, are in such a condition that they refuse to respond to the usual stimuli. They simply can not aid in sustaining the organ which they are intended to hold in place.

Again, the uterus itself, from subinvolution or some of the various forms of disease by which it is attacked, becomes so heavy that the muscles are not equal to the strain, and a collapse is the result.

When any or all of these conditions exist, are we to help the parts to regain their normal position by simply putting a prop under the

displaced part? Is that scientific? Does it commend itself to the rational thinking man as the proper plan to pursue? Will taking all need of the muscles away help to give them increased strength? To all these questions it seems to me that there must be but one reply, and that an emphatic No.

As in all other forms of disease, we must, by patient investigation, get at the root of the matter. We must determine the cause which is back of the difficulty. That being found, we must use our common sense and remove it as speedily as possible. Possibly the report of one of many cases will best illustrate my meaning.

During the early years of my practice I was called to attend Mrs. P. She was suffering with considerable pain in the pelvic region, with pains darting down her legs. She complained that she could not walk any distance without becoming exhausted. Even going up and down stairs caused her much misery. An examination revealed two important factors. The walls of the abdomen were loose and flabby. There did not seem to be any muscular tissue at all, although the woman was quite fleshy; the uterus was prolapsed to quite an extent. I believed this due largely to the lifeless condition of the abdominal muscles. By persevering in my questioning, I found that for some months past she had been using her sewing machine almost constantly. I felt that I had at last reached the key to the problem. The position of her body in the use of the machine relaxed the muscles of the abdomen, and they gradually lost their power. The constant motion of the legs produced an irritation in the pelvic cavity, which doubtless was communicated to the uterus and accounted for its increased size. My first prescription was "*an express wagon and the removal of the sewing machine.*" It was not to be brought into the house again until I said the word.

She lived but a short distance from the ocean. I told her husband to go, night and morning, and get a large pail of salt water. After this had stood twelve hours in the kitchen, she was to give herself a bath from her waist half way to her knees, to be followed by a vigorous rubbing with a coarse towel. For medication she was given small doses of *macrotys* and *helonias* to act as a uterine tonic.

In a few months time the change was marvellous. The muscles of the abdomen became firm and normal in their action. The uterus was reduced to its usual size, and assumed its proper position. All the disagreeable pains and aches were gone, and she declared that she never felt better in her life. Although she had not had a child for nearly ten years, and was nearly fifty years old, she soon became pregnant, and had the easiest delivery that she had ever experienced.

Could I have accomplished all of these results by means of a pessary? I think not. I am willing to admit that there are times when a pessary of some kind must be used for the time being; but it is simply as an adjuvant to the treatment which is intended to remove the cause.

When I have to resort to a pessary I have found nothing better than the inflating air pessary, which can be introduced and distended to the proper size to sustain the prolapsed uterus. It can be removed, cleansed and replaced by the patient without any trouble. Its yielding upon the slightest movement of the body prevents those terrible ulcerations which frequently follow the use of the more rigid pessaries.

I can not give any better advice on this subject than to say, *get at the bottom facts and find out the cause.* Then use your common sense in removing that cause. This, plus the indicated medication, will give you astonishing results.

For the benefit of those who can not obtain the sea-water for the bathing, I would state that I have secured equally good results from the use of mineral salt. The reddish brown variety is preferable to the blackish gray. I have this dissolved in a sufficient amount of water, so that it is decidedly salt—so much so that it is disagreeable to the taste.

PLEA FOR THE "FIRST WORKS."*

By Alexander Wilder, M. D., Newark, N. J.

IN the second chapter of the book of *Revelation* is the appeal and warning to the "Angel of the church at Ephesus," which is full of significance: "Remember from whence thou art fallen, and repent, and do thy first works; or else I will come unto thee quickly, and will remove thy candlestick out of his place." It may be well for us to apply the same admonition to ourselves. The history of Reformed Medicine now covers three fourths of a century since Dr. Wooster Beach began his work, some twenty years or more after the more aggressive innovations of Samuel Thomson. It was the aim of both these men to bring the healing art to the knowledge of the people, eliminated of its dangerous accompaniments, and shorn of the pedantries and ridiculous affectations of so many of its practitioners. They simplified the dialect of medicine, and made their procedures plain to the common understanding. The purpose aimed at was to heal, to restore the sick to former health, and to introduce accordingly a safe as well as an effective medication. If the patient could not be made better with the treatment, he should not be injured by it, or a disorder entailed upon him by the medicaments that were employed.

Douglas Jerrold has forcefully described the former practice which it was sought to change. He belabored the prescriptions which were sent to the apothecaries, written not in English, but in a barbarous lingo, "no more Latin than it is English," the formula being as revolting to one species of taste as the medicine was to another. "There has been from time immemorial," says he, "a considerable quantity of humbug in your profession, the still existing remains of which we

* Read before the New Jersey State Eclectic Medical Society.

would fain see purged off. In times of yore, when people called you leeches and surgeons, you added a good many of the tricks of the juggler to your legitimate craft. You were then the prime professors of alchemy, of astrology, the principal conjurers and magicians of the olden time, ere the advent of Herr Dobler and the wizard of the North. You masqueraded in flowing robes and long beards, and carried white wands like the stewards of a charity dinner. You used a mysterious jargon, both in your medical and your magical practice; you applied one to aid you in carrying on the other; you had sympathetic powders, and charms, and enchantments; you worked by spell and pill; *haz, pax, mar*, was an old medical charm against the effect of a dog's bite; the not very dignified symbols of *och, och*, you held to be able to perform cures, to accomplish which sulphur ointment has obtained a more modern celebrity. Long ago, however, you gave up reading your patient's symptoms and charms in the stars, and you now look for the legitimate reward for your learned labors, rather to guinea fees than to the mystic riches of the crucible. So far so good. You have in a measure kept pace with the world which is moving on around you; but still, in some respects, you are lagging: still you have a yearning longing for that veil of mystery which once hung awe-inspiring around you; still in your prescriptions live the embers of your former secret fires; still, in ordering a simple pill or a soothing draught, do you fondly hug the glory with which the *omne ignotum pro magnifico* [everything not known for something grand] invests you. Of the old mystic formulas you have still a fond recollection. Your faith in spells is not quite at an end. Drop, we beseech you, the last links which connect science with nonsense—the doctor with the Diddler family. Rhubarb will do as much good when ordered in English as in dog Latin; senna is not a bit more agreeable as *fol. sen.*, nor cream of tartar as *bitart. pot.* Apothecaries can understand 'to be made into a draught' just as well as *fiat haustus*; and even the most ignorant will not require more spelling over the 'mixture to be taken at bedtime,' than they would to read and understand *mist. h. s. sumenda.*"

The worthy Presbyterian clergyman under whose supervision I for a year studied Greek and Latin, remarked that in one Presbytery of which he had been a member, they all knew those languages except two; and that those two quoted Latin more than all the others. I opine that medical men with no more than a superficial knowledge of Latin and technical terms, use them more frequently than those who understand them well.

Yet it is the medical treatment itself that I would be more strenuous about. The Reform movement was originally made against the noxious drugs and the barbarous procedures that were in vogue. The endeavor was made to enlighten the "plain people" in this matter, and to open the field of medicine to Reform practitioners by procuring from the representatives of the people the repeal of the various stat-

utes which made the Reformed Practice unlawful, and decreed to its practitioners fines and imprisonment for venturing to treat the sick.

Sensible men of the principal school of medicine favored these notions. It is not the scholarly and the high-toned men who favor arbitrary legislation, but the narrow, the selfish and half-taught. Dr. H. H. Childs of the Berkshire Medical Institution eloquently denounced these tortuosities in his profession. "The community have seen the want of principle displayed by the regular profession," said he; "sickened with the empiricism within the profession, they have turned to the bolder ignorance without, wisely preferring the chance of relief from a professed quack to the certainty of death *secundum artem*. To put an end to this," he continues, "I ask for no legislative *sægis* for the profession—no persecution of the votaries of exclusive systems. Vain are legal enactments to supply the deficiency of a scientific faculty. Compulsory measures defeat the objects they seek to promote. Worth needs no artificial support. Correct principle will settle the value of all pretensions. Rather let the profession reform itself; let the physician plant himself upon the rock of principle, and I have every confidence that an enlightened public sentiment will do justice. In this way, and in this way only, will victory be won."

Upon this basis there was a conflict year after year in the Legislature. From 1818 to 1845 was a contest analogous to that of the people of Holland against the kings of Spain. It resulted in victory, State by State, beginning with Ohio and ending with Massachusetts. "Let us hope forever," said Thomas V. Morrow.

The reform in practice for a time was great. When the medical conflict began, every physician, as soon as he was called to a patient, hastened to bleed him, often repeating it, and drugging with mercury and kindred remedies. The people revolted. "We must adopt the Thomsonian practice or lose our patients," said Dr. George McClellan, the father of the General. Less of mercury, less of arsenic, less of antimony was administered. I am not so certain that the procedures generally have been made better by the change. Some of the complaints, like scarlatina, small-pox, typhoid fever, and pneumonia, are as fatal as ever; while others, like cancer, tuberculosis, Bright's disease, are more frequent. Every few years a new fashion and a new whim are introduced, have a period and pass into forgetfulness.

The Botanic medical practice was brought to America from England, and planted in Philadelphia. Dr. Thomas Cooke, the founder of the Eclectic Medical College of Pennsylvania, was the pupil of a Botanic physician, an immigrant from London. Goodwife Jones, of Boston, treated patients with "simples," as they were called, early in the seventeenth century, and was tried and hanged as a witch. Samuel Thomson had an aptitude while a boy for medical knowledge, but a Botanic practitioner of that period would not receive him as a stu-

dent because of his defective English schooling. He may have foreseen the imputation of ignorance which that would occasion.

Thomson afterward entered the field on his own responsibility, and was able through his success in the recovery of patrons and his extraordinary energy, to establish a new school in the healing art unlike any that had preceded him. He introduced a new *materia medica* and new modes of treatment. Though vilified and persecuted with malignant ferocity, he was able to commend his procedures to many higher in social position and superior in erudition. The account given in Appleton's *Cyclopedia* and in the *Encyclopedia Americana*, crediting the first evolution of the Eclectic practice to him, or rather to the late Dr. Benjamin Thompson, of Concord, his disciple, is too absurd and untrue to be more than mentioned with contempt for the willful perseverance exhibited by the publishers in perpetuating a misstatement. Yet many of the remedies which Dr. Thomson employed were known before. Lobelia was an Indian remedy long previously, and he had an opportunity to learn it from native "medicine men." Dr. Cooke mentions in his medical publications a work which was extant in England, which inculcated the same procedures. Yet I can hardly think Dr. Thomson had a chance to see or hear of it.

That his methods were an immense improvement on those that were extant, must be confessed. Whether, however, we are most indebted to him or to Constantine Rafinesque for a Reformed *materia medica*, is a question for solution. In the work of the latter on the *Medical Flora of North America*, we find described and named in scientific form the whole array of medicinal plants indigenous in this country, which the Thomsons, John Kost, Wooster Beach and others, have given a place in their works. Rafinesque came to this country in 1815, was for a time professor in Transylvania University, spent much time with the aboriginal nations of the Southern States, and learned much of their peculiar knowledge. That the native populations really possessed medical knowledge, an eminent historian of New Jersey has acknowledged.

Rafinesque had no partiality for concentrated vegetable remedies, or for tinctures and extracts. He also justified pharmacal compounds. When Dr. Beach published his works, Rafinesque gave him his approval; and the cuts which embellished his work on the *Medical Flora*, were purchased and used in Dr. Beach's work on *Materia Medica*. He was the first writer who named and described Eclectic physicians.

It is not my purpose, however, to give a history of the career of the Reformed School of Medicine. I have narrated thus much to indicate what Reformed and Reform physicians once were. They compared favorably with their neighbors with regard to information; few of them were scholarly, and indeed the great body of American doctors were what we now call ignorant. They excelled, and it was their chief merit that they possessed superior skill in caring for the sick.

It has been said that the early reformers were crude in their procedures. Doubtless this was the fact. They and the community generally had been taught that medicines must be harsh and painful in their action in order to benefit. When in my early manhood I had employed gentle herbal prescriptions for a complaint from which I was suffering an aunt declared to me: "Medicine must distress you, or it will do no good." Our homeopathic neighbors have now indoctrinated us differently, and in consequence the endeavor is to procure remedies that will do their work with the least torture or annoyance of the patient. The blister, as well as irritating drugs, are obsolete with rational physicians.

Nevertheless, I would insist that we seek the old paths and walk in them. It was the cardinal principle in Eclectic medicine to prove all things and hold fast only that which is good. This led us to refuse the lancet, and to reject utterly all drugging with mercury, antimony, and similar objectionable articles. Nor would I turn again to those "beggary elements" and their kindred barbarisms, under any pretext of progress or greater light. Believing that truth should have free course, and that error may safely be permitted so long as truth is left free to combat it, all Eclectic and Botanic physicians steadily maintained that there should be general freedom to practice medicine, whatever the sentiments or attainments of the practitioner; only holding him to strict accountability for gross ignorance, malpractice, and injury actually inflicted. These positions, with a hospitable reception to new doctrines and methods that may be beneficial, are sufficient as a platform and rule of action for any genuine Eclectic.

That many who profess to be Eclectics do not at this later period subscribe to these views, is a fact that I regret to be obliged to acknowledge. Along with this departure is a forgetting of the remedies themselves and of the procedures which made the old Eclectics successful practitioners. In all the years that I lectured in Eclectic colleges, most of the time materia medica was not taught as Eclectics should know it. Botany was wholly neglected, and little interest was taken in organic chemistry. "I see no use in learning these jaw-cracking words," remarked a woman in one class; "there are the indications and the remedies for them, and that is enough."

We hear much about elevating the standards, requiring more thorough instruction and superior attainment. True it takes more time and costs more money now to get a medical degree, but this does not assure better results. It operates like most legislation, against the sons of the poor. The practice of medicine is not learned in the college, but in the field. A graduated dunce, however well he may pass technical examinations, is still a dunce.

It is not hard to perceive that this was the foremost purpose in the change. Indeed this was sometimes avowed. The fact is, that much of the teaching and legislation which we are having, have the aim to keep down the poorer of our population from rising beyond subordi-

nate and impoverished conditions. The natural result of passing medical examining boards is to fleece candidates of license fees, and give mediocre men and dunces the shelter of the law. Nothing is better understood than that few except those fresh from their lessons can stand an examination that has any consequence to it, and that all practitioners are generally "rusty in book learning," and must have special indulgence. The opportunity is open for a shameful discrimination in the interest of those who are favored, and against others. As for any improving of practice, it will not be effected in that way. Life and health are not made merchantable. Laws are passed chiefly to afford opportunity for litigation, and our medical statutes belong to that category.

There is also talk of unifying medical practice, bringing physicians into closer affiliation, and even of doing away with contesting schools. This may be done where there are no convictions to stand in the way, as well as interests. Under present conditions, for Eclectics to participate in such an endeavor would be suicidal, not to say an apostacy. Persons of culture and kind temper will be friends, despite differences of judgment, and each will be willing to learn of the other; but this rule does not apply in this matter. The result will be very certain to be an adopting of the old methods which have been repudiated—of the lancet, calomel, and other arts by which doctors prosper and patients suffer.

The present ideal of medicine as indicated by statutes and manifestations, is what James Martineau described as "mind reduced to an immoral mechanism of intellectual elaboration." It is a monster, but the State and fashion keep it alive. Progress, however, is always in circles, and never straight ahead; and accordingly I am not without hope that a goodly number of our practitioners will yet come round to the purer principles by which the Eclectic school came into existence. Let us expect that the doctrine of the preamble to the constitution of the National Association, adopted in 1877, will again be the watchword of our cause and of a regenerated school of practice.

Indeed we require two conditions for the further continuing of the Eclectic school: the one a *raison d'être*; the other, *esprit de corps*. The former of these, a reason to continue to exist, must be found in the having of moral qualities and the principles which justify a continuing to exist at all. It must be a game that is worth the candle. Certainly, if we depart from our first love, and adopt the notions and procedures which have been eschewed, we are Eclectics no more, and there is no good reason for professing to be such, or for remaining as a distinct school.

As for the *esprit de corps*, the purpose and inspiration which impel to the maintaining of a cause, it implies that we stand faithfully by one another as a brotherhood, that we keep up our organizations, and put away all Ishmaelism, all love for domineering and indifference to the common weal. In these respects we have been greatly at fault.

To this indifference and to the ill faith which many professed Eclectics have exercised to their associates and to the cause, we are largely indebted for the medical legislation which now curses our people, which menaces our standing as physicians, and which conflicts directly with our rights as individuals and our constitutional rights as citizens of the American Republic. "While men slept an enemy came and sowed tares," and now there is danger that if we try to root them up we shall root up wheat also. At the harvest, we will gather and burn them, putting only wheat into the barn.

For the present we must be careful to adhere only to what is good and true, standing firmly to the principles, and enforcing them by our words and actions. "Then," says the prophet, "they that feared the Lord spake often one to another; and the Lord hearkened and heard it, and a book of remembrance was written before him for them."

SKIN DISEASES—TREATMENT.

By E. H. Moore, M. D., Rew City, Pa.

[Continued from page 191.]

IN the treatment of skin diseases it is essential to have a thorough knowledge of general medicine, in order that the actual cause and conditions that perpetuate the disease may be discovered. In the opinion of the most advanced thinkers in medicine of the day, skin diseases are considered, with the exception of those caused by heat, cold, trauma, parasites, chemicals, and irritation from extraneous causes, simply as an index to some visceral wrong, which it is necessary to discover and relieve if we expect any success or permanency in the relief of the disease on the surface. It is a misfortune that up to the present day, it has been the custom to group certain symptoms and designate the whole by a name, for which every case so designated the same stereotyped treatment has been prescribed. As people differ in their appearance, habits and thoughts, just so is it with disease, which, regardless of name, presents a variety of symptoms, causative conditions, severity and danger to life. Every case, therefore, must be carefully studied, all underlying conditions analyzed, and symptoms considered as a disease separate and different from all others.

If we have before us a disease characterized by vesicles, papules, pustules, ulcers or abnormal growths, so far as treatment is concerned, the name is of but little importance, but the question is, what means shall we employ to relieve the local manifestations, and what remedies have the physiological action that will remove the cause? In the first place, we must look to the conditions of the surroundings. Some diseases will require the patient to maintain the recumbent position, in which case the bedding and clothing should be kept scrupulously clean and free from any discharges. The room must be kept well

aired, and all odors destroyed. Such diseases as will permit the patient to move around will usually be benefited by fresh air and moderate exercise.

Climate has an influence on many diseases of the skin, and a change of climate, where the patient can afford it, will many times have a salutary effect; but all can not stand such an expense and must let artificial means suffice.

The clothing is an important item for consideration. Its selection should be made with regard to climate, season of the year, and to its non irritating qualities. There are many people who can not wear flannel next to the skin, and for such persons a rough flannel underwear would be a source of continuous irritation, and seriously interfere with the treatment of any disease of the skin with which it might come in contact.

The diet is an important factor in the treatment of skin diseases, and much improvement often results from its careful regulation. Indigestible food causes irritation of the digestive tract, both from contact and fermentation produced by its long-continued presence therein. Either to gain or retain health, the diet should be regulated both in quantity and quality. An overabundance of food is always a menace to the digestive endurance, and will sooner or later act as a disease-producing factor. The quality of food should be governed by the condition of the patient. In the acute febrile diseases but little food can be tolerated, and milk, or milk and lime water, will be the most acceptable and serve the best purpose. Later on, as the patient approaches convalescence, a more generous diet may be furnished. In chronic diseases accompanied with severe inflammatory and nervous manifestations, light foods, such as milk and foods prepared with milk, are the best, to which ripe fruits may sometimes be added with advantage. Meats and heat producing substances should be given sparingly or not at all, and alcoholic preparations forbidden. In all diseases of the skin accompanied by low grade inflammation and debility, a full and generous diet is demanded. To such patients, meat, game, fish, eggs, soups, broths and fats may be given freely. There are many cases where the patient by reason of weakness or impaired digestion is unable to take but small quantities of food at a time. In such conditions it should be given at sufficiently short intervals that the patient would get enough nourishment to sustain the strength. One of the most particular considerations under this head is the preparation of food. But a very small percentage of the people are good cooks, and many deaths and much suffering can be attributed to no other cause.

There are a few skin diseases that can be relieved by local treatment alone, and others in which internal treatment will be all that is needed, but as a rule it requires both.

LOCAL TREATMENT:—In order that we may more readily recognize the lesions with which we have to deal, the patient should present a

clean skin for examination. This necessitates a bath, for which hot, soft water should be used, and a generous use of soap. As Lloyd Bro's asepsin soap is both cleansing and antiparasitic, it would accomplish good work here, as well as in many other cases, to give a more healthy action to the sebaceous glands and increase the pliability of the skin. Hot water baths have a relaxing effect, on the glands and blood vessels of the skin, with more or less of a tendency to macerate the corneous layer. Cold water baths are invigorating, stimulating and astringent. Tepid baths are simply cleansing. Steam and hot air baths are relaxing, while at the same time they temporarily increase the action of the skin. These baths may be medicated, or non medicated, dependent on the purpose for which they are given. Various medicated soaps may be used in this connection. Green soap is an irritant and stimulant, soda soap is neutral while a selection can be made from the numerous medicated soaps that are on the market, to allay irritation and itching, a more particular mention of which is made under the name of the disease for which they are liable to be indicated.

Massage and electricity are both valuable adjuvants to the treatment of many diseases of the skin and especially nervous lesions. The former requires a thorough knowledge of the nervous system and the latter requires in addition to be well informed on the application of electricity. If the physician is not well prepared for this work, his efforts will not only be useless, but are apt to be injurious.

Mechanical interference is sometimes necessary and of great advantage in obstinate cases. For this work a dermatological case is needed. The case usually contains a lens, probe, forceps, scissors, knife, curette, scoop, needle holder, needles and a hypodermic syringe. The lens aids in a more careful and thorough examination. The needles are used to puncture vesicles, pustules and relieve localized blood pressure. The probe is employed for exploring purposes. The knife, scissors and forceps are used for the purpose of dividing the integument to permit the escape of inflammatory products, the division of nerves and excision of abnormal growths. The curette and scoop are used in removing broken down tissue, accumulated discharges, strumous deposits, and baring the surface so that medical applications may come in direct contact with living tissue. Compression, by means of bandages or adhesive strips are servicable in many conditions, by giving support, rest and protection to the part.

The medicinal applications used in skin diseases are too numerous to permit of but a limited description.

Oils are indicated for softening and removing crusts, scales and accumulations of broken-down tissue that adhere to the surface, as soothing applications, and for stimulating anemic conditions of the skin. Olive, linseed, cottonseed and sweet almond oils are of a bland nature, while the oils of tar, cade, ergot and juniper are used for their stimulating effect.

Poultices are used to promote suppuration, relieve pain, relax the tension of blood-vessels and remove crusts. Their usefulness depends on the amount of heat and moisture they contain. If used at all, they should be large; a thin stingy poultice soon becomes cold and works more-injury than good. Ground flaxseed and bread and milk poultices are the ones most commonly used. Shoemaker recommends a starch poultice as the best for skin diseases, and orders it prepared by using tepid water to form paste, then place on the fire, add boiling water and stir briskly until it becomes homogeneous.

Dusting powders are employed to protect the skin from contact with irritant substances, for the absorption of exudations, and for their soothing, stimulating or astringent action. Subnitrate of bismuth is astringent and sedative; boracic acid is antiseptic; salicylic acid, antiseptic and deodorant; tannic acid, astringent; emollient, emollient and antipruritic; oleate of zinc, astringent; starch, talc and lycopodium are protectives and absorbents, which properties belong in a degree to all the foregoing agents. These powders and many others, are used in combination, or separate, as the case may require. In order to get the greatest benefit and avoid irritation, all powders used on the surface should be ground until they are impalpable.

Lotions are liquid preparations, for which any desirable solvent may be used for the drug, or substance in question. The principal solvents in use for this purpose, are alcohol, ether, oils, spirits and water. Lotions are desirable in many cases where large surfaces are to be treated, and for their convenience and cleanliness. They, as most all applications to the skin, are employed for their sedative, stimulant or astringent effect. The sedative lotions tend to relieve pain, inflammation, congestion and pruritus. Among the many preparations used for this object, are carron-oil, glycerine and lime water, lead water and laudanum, calomel and lime water (black wash), oxy-muriate of mercury grs. ij , to lime water 3j (yellow wash), and weak solutions of acids and alkalies. The stimulant class increases the activity of the skin and promotes granulation and skin growth over denuded surfaces. Some of the best among this class, are preparations of ammonia, chrisorobin, benzoin, arnica, calendula, thuja, menthol and camphor. Astringent lotions arrest discharge by contraction of the inflamed surface of the tissues. The following are a few of the remedies that are used:—zinc sulphate, alum, tannic and gallic acid, ergot, hamamelis, and solution of iron.

Antiparasitic lotions may be made with sulphur, bichloride of mercury, or carbolic acid.

[To be continued.]

PHYTOLACCA IN STOMATITIS.

By Wm. W. Murray, M. D., Suffolk, Va.

THE article in the March number of the E. M. J., by Dr. W. M. Mason, entitled "Why I dispense my own medicines", has prompted me to send this paper for publication. I heartily endorse every word that Dr. Mason said in regard to the advantages to both physician and patient, resulting from the former dispensing his own medicines; and as an illustration of the advantage to the latter I record the following case, at the same time thinking that it will be of practical value to some other physician.

It is not a new thought that phytolacca is a remedy in stomatitis, but perhaps there are many who either never knew it or have forgotten it. For many years, I have used it with unvarying success in all forms of sore-mouth attended with *pale mucous membranes*. So true is this that I never have the slightest doubt but that the medicine will accomplish the desired object. But the preparation must be reliable. Even mercurial stomatitis (of which we, fortunately, see so little now-a-days, though occasionally it does sometimes occur) yields as if by magic to the influence of phytolacca.

Now for the case:—C. S. S., a young man of this place, and the son of one of our practicing physicians, sent for me on Feb. 13th last. I found him suffering with a very severe case of mercurial ptyalism, caused by three doses of calomel which had been administered to him by his father. I put him on the fluid extract of phytolacca, but I wrote the prescription, as I had not my medicine case with me, and it was put up at one of the drug stores of this place. I called to see him on the 15th, and to my utter surprise, I found him not only no better, but actually worse, and in a truly miserable plight. So great is my confidence in the phytolacca in such cases, that I assured him that the medicine was utterly worthless, and that I would put it up myself. I did so, putting a fluid drachm of the sp. medicine in 4 oza. water, directing him to take a teaspoonful every hour. I continued the use of borolyptol (which I had been using with him) as a mouth-wash. I called to see him on Feb. 17th, and found him *practically well*. He assured me that from the very first dose of the medicine which I prepared, he began to improve.

It would be useless for me to take up space with describing this case. I content myself simply with asserting that it was a typical case of mercurial salivation, and the point which I wish to emphasize is that a good preparation of phytolacca practically cured it in 48 hours. In that space of time, the gums were healed, the tongue nearly healed, the profuse discharge of saliva had ceased, and the young man was able to eat soft food without pain, whereas before he could not swallow even milk without intense pain.

The above statement is simply one of actual facts, without embellishment or exaggeration. Mercurial salivation, as already remarked,

is very rare, so much so as to cause surprise when a case is met with, but I have seen a few cases in the course of the last 16 years, and in them phytolacca does the work.

In some cases of stomatitis, collinsonia is the remedy. In which cases, then, shall we give phytolacca or collinsonia? I am not in a position to dogmatize on this point, but I believe that the distinctive indication for phytolacca is paleness of the mucous membrane, and that the distinctive indication for collinsonia is redness of mucous membrane.

ECLAMPSIA INFANTUM.

By A. C. Musgrave, M. D., Ohio City, O.

THIS is a disease of the nervous system, occurring in children, characterized by involuntary spasmodic movements of the muscles, and by more or less loss of consciousness.

ETIOLOGY.—Eclampsia is very frequent in the first years of life, especially during the first eighteen months, and is especially to be feared during the first months. The undeveloped state of the infant's brain, and the consequent imperfection of the inhibitory centers, predisposes most extraordinarily for the marked tendency to convulsions during this early age. Heredity plays a great part, and the children of parents who are nervous, scrofulous, syphilitic, hysterical, insane, or alcoholic, have a susceptibility to eclampsia infantum. Hereditary syphilis and tuberculosis are also predisposing causes.

For the sake of classification we might say that there are three distinct classes of infantile convulsions : first, *centric*, or those connected with diseases of the brain or spinal cord, as in active or passive hyperæmia, anæmia of the brain, hydrocephalus, pressure during birth, toxæmia from general infection, high febrile temperature, etc. ; second, *eccentric*, reflex or those arising from peripheral irritation, it being transmitted to the spinal cord, such as dentition, from the irritation arising from parasites in the *primæ viæ*, from irritation of the gastro-intestinal canal, the genito-urinary organs, sudden impressions upon sight or hearing, emotional disturbances of the nursing mother, etc. ; third, *secondary*, symptomatic or those depending upon the quantity or quality of the blood circulation in the system or in some particular part.

The reflex convulsions constitute the great majority of cases, arising from dentition and errors of diet. After weaning children, mothers will fill the child's little stomach with the most unwholesome and indigestible food, and, as a consequence, some hours after the child will be seized with violent convulsions.

Artificial food is also liable to produce convulsions. This is particularly apt to be the case if the food is too rich or difficult of digestion, and especially if the stomach is over loaded or has become weakened by the exhibition of some of the many remedies which are so

extensively indulged in and given so indiscriminately by some over-indulgent mothers and nurses.

SYMPTOMATOLOGY.—In most cases the attacks occur suddenly, but if they occur during a disease, in some cases they are preceded by premonitory symptoms by which the close observer may anticipate their approach. The child is either dull and feverish or restless and irritable, obstinate and whining disposition, and frequently it starts in its sleep, grinds its teeth; the breathing is unequal and irregular and sometimes attended with a hissing sound. Individual muscles become spasmodically affected; there may be a sudden, jerking, involuntary movement of the extremities and quick, grasping movement of the hands; the eyes are turned back in the orbits and rolled upwards. The child may be nursing and suddenly relinquish the nipple, cry out without any apparent cause and gasp for breath. There may be excitement of the nervous system, manifested by restlessness, fits of crying, and sleeplessness; or the child may be dull, impassible and somnolent. In other cases, especially when it constitutes the initiatory symptoms of an acute disease, the paroxysm breaks out without any apparent warning.

The onset is always sudden, the patient losing consciousness and sensibility. During the height of the convulsion there is not the least trace of consciousness or sensibility, but after the paroxysm has lasted a longer or shorter period, according to severity, the convulsions cease and sensibility partially returns again. The paroxysm varies very much in different cases; in most it is usually very marked, but in some cases we find it slight or entirely absent, the patient being rigid and remaining in one position.

The child suddenly becomes pale, its eyes are fixed, and it becomes rigid; the eyeballs roll upward, the whites only remaining visible, or there may be strabismus; the face turns pale, twisted and contorted, while the jaws are clinched, or there may be a chewing motion with grinding of the teeth. The child becomes unconscious during the attack, there is stiffness of the whole body, the fingers are flexed upon the palm, the thumbs being pronated. In most cases respiration is labored; if markedly so the face is cyanotic and the features distorted. This picture quickly gives way to clonic spasms, and, after repeated jerking contractions of the hands, feet and face, the child passes into an exhausted quietude, during which respiration becomes regular, and thus the attack is ended, which may have lasted but a few seconds or minutes. A dazed condition remains for some time longer, however.

In more severe cases the entire body will be involved and will be almost thrown about by the forcible muscular spasms, while in other cases lasting tonic contractions will produce opisthotonos. The muscles of the extremities take active part, the face is markedly distorted and cyanotic, froth will appear at the mouth, which may be bloody from the patient biting his tongue. Respiration is labored, difficult

deglutition and snoring, unconsciousness is complete, feces and urine are passed involuntarily. This severe attack, which may last from two to fifteen minutes or half an hour, passes off in the manner of the lighter ones, the child falling into a quiet slumber, remaining somewhat exhausted and soporous for a short time. The pulse is very frequent and small, or it is soft, feeble and small, and but little increased in frequency.

The convulsion varies in duration from a few seconds or minutes to even hours, in the milder cases terminating in a return of consciousness, and at other times it is rapidly followed by a second attack and many more, which generally, as a rule, terminate fatally, due to nervous exhaustion in consequence of too deficient oxidation of the blood or rapid attacks of asphyxia. Children having convulsions once are usually more liable to them than others, and they will frequently come on from slight causes.

DIAGNOSIS.—The symptoms of convulsions are so marked that the diagnosis usually becomes very easy. The peculiar facial expression, convulsive movements, sudden loss of consciousness, difficult respiration, and frequent small pulse, usually are symptomatic of eclampsia and only in obscure cases will ever be misled.

In convulsions, during the prodromal stage of acute infectious diseases with high fever, meningitis may be suspected. Here the further course of the infection will clear up the doubt within a few days. In epilepsy, the symptomatology being the same, the age of the child and the family history will decide the diagnosis. We sometimes may be confused with tetanus, but in tetany the stiffness is limited to the extremities, and we see the peculiar "*main d'accoucheur*," without there being only loss of consciousness. When the convulsions are repeated and alternate with paralysis a lesion of the brain is to be suspected.

PROGNOSIS.—The prognosis is dependent upon the cause, duration and severity of the attack. Usually it is quite favorable, though it is very difficult in some cases to arrest the convulsive action. In rachitic children, when laryngismus complicates the attack, the prognosis is unfavorable; also if they occur at the end of an acute fever or exanthemata disease; or in very severe convulsions which repeat frequently the prognosis becomes more doubtful on account of the possible cerebral or meningeal congestion and hemorrhages.

PATHOLOGY.—On post mortem examination there is no one constant lesion. The autopsy may give absolute negative results. When there has been active and passive hyperæmia or anæmia of the brain we will find evidence of these lesions. We may reveal lesions which may have been the starting-point for convulsions without being absolutely responsible for them, such as congestion, cerebral tumor, etc. If an extensive irritation has been the cause of convulsion, the result is negative.

TREATMENT.—Of all the pathological conditions of childhood, the one that produces the greatest excitement, alarm and fear, and most liable to unnerve the friends and practitioner—especially the young physician—is *eclampsia infantum*.

If the physician arrives whilst the child is having a convulsion and all is excitement, the most important thing is to preserve a calm, well-poised demeanor, and, without unseemingly haste, direct the various persons about—if too many in the room send some of them out—and in this way get all unnecessary excitement and disturbance quieted down so that a quiet atmosphere is secured about the patient—a necessary requisite—on which the physician keeps a watchful eye.

Our primary object is to arrest the convulsive movement which is so alarming to parents and friends; our secondary object is to try and ascertain, if possible, the cause of the convulsion and try to remove it, and thus prevent a recurrence.

At the moment of the attack the clothing must be loosened; place the child, lightly covered, upon a large bed. Plenty of air must be admitted to the room. We must now use some means to arrest the convulsive movement. In considering the remedies to use to arrest the spasmodic movement one of the speediest and best is chloroform, by inhalation, especially when no inflammation is present. Take a folded handkerchief or napkin “cupped” and pour into it a drachm of the liquid. Hold this such a distance from the child’s nose so as to give free admission of air for respiration. Let the child inhale until a complete arrest of convulsive action, and continue until we are satisfied that we have the case well in hand, then begin to administer your remedies for cure according to *specific indications*. If we have not chloroform at hand we may use sulphuric ether, by inhalation; that is, if the trouble does not depend upon a morbid irritability of the nervous system with organic change.

When the convulsion arises from dentition, the gums swollen and purplish, a free incision over the coming tooth is generally followed by speedy relief.

If it arises from errors of diet, and the stomach is over-loaded with irritant and crude ingesta, which can generally be detected by the history of the case and specific indications, the best and surest way to relieve the child and prevent the recurrence of the spasm is an emetic, thus removing the cause and relieving the system. Give ten grains of ipecacuanha, some preparation of lobelia, or if no other remedy is at hand, give a warm solution of chloride of sodium. Apomorphine sulphas, given hypodermatically in doses of one-thirtieth grain, will usually give speedy relief. If there are marked symptoms pointing to irritating material in the intestinal canal, use an enema of warm water, to which we have added compound powder of jalap and senna one drachm. You may also give olive oil or castor oil internally, but they are always somewhat slow in action, and an enema is best for speedy relief. Glycerine used as an enemata is good. Inject

from one to two drachms and a speedy evacuation of the lower bowel will follow. If the convulsion arises from irritation of the bowels, indicated by an elongated and pointed tongue, red at tip and edges, give small doses of specific ipecacuanha. If they arise from irritation of the gastro-intestinal canal, with gaseous accumulation, asafetida is the remedy *par excellence*.

In many cases the convulsions are due to phymosis, a pathological condition which is too often overlooked. In such cases the remedy is circumcision, and should be insisted upon without delay and the results, in most cases, are almost miraculous.

If the spasms are due to ischuria vesicalis, give santonine, 2x, in doses of five grains every two hours; also use flannel cloths wrung out of hot water placed over the region of the bladder. If it is due to ischuria renalis, give specific gelsemium, gtt. 30 to 3 j, to water 3 iv, a teaspoonful every hour, and at the same time you may use the hot pack to the loins. If caused by intestinal parasites, use some anthelmintic to remove the cause of irritation, and thus pave the way for a cure. You may use santonine or any vermifuge specifically indicated.

When convulsions arise with febrile troubles, use the remedy specifically indicated. If there is the small, frequent pulse, give specific aconite, gtt. iij to v, to water, 3 iv, a teaspoonful every hour. If there is the full, strong, frequent pulse, give specific veratrum viride, gtt. v to gtt. x, to water 3 iv, a teaspoonful every hour. If there is the flushed face, hot head, bright eyes, and contracted pupils, give specific gelsemium, gtt. v to gtt. xx, to water 3 iv, a teaspoonful every hour. If the patient is dull, drowsy, and the eyes dull with dilated pupils, give specific belladonna, gtt. v to gtt. x, to water 3 iv, a teaspoonful every one or two hours; in non-febrile cases, with the above indications, give specific ergot, gtt. v to gtt. x, to water 3 iv, a teaspoonful every one or two hours.

When there is a determination of blood to the head, and the child is restless and irritable, high febrile action, and in some cases difficult deglutition, there is nothing which surpasses sponging the head with warm water and using the fan. Keep up the sponging and the fan going so as to have a current of air to cause the heat to radiate! Keep it up until the temperature subsides and the child is resting easier. We have seen many cases saved by this means alone and consider it *par excellence*. Do not use cold water or cold packs. We consider them an abomination.

If there is an oppressed circulation and respiration, febleness of tissue, and want of expression, give specific lobelia, gtt. x to gtt. xx, to water 3 iv, a teaspoonful every fifteen minutes until convulsions have ceased and patient is thoroughly relaxed.

If there is a markedly pinched expression about the eyes or base of the brain, sudden starting and shrill cry, sharp stroke of the pulse, the remedy that we would think of is specific rhus tox., gtt. ij to gtt. v, to water 3 iv, a teaspoonful every hour.

Bromide of ammonium is to be thought of if there is the sudden movements of the body or extremities, marked muscular twitchings, patient depressed. It may be used to prevent the occurrence of convulsions when threatened, or to prevent their recurrence when arrested by other means. Use it in the proportion of bromide of ammonium 3 j to 3 ij, to water $\bar{3}$ iv, a teaspoonful every one to two hours. If the patient is plethoric, and needs the action of a sedative, give bromide of potassium, 3 j to 3 ij, to water $\bar{3}$ iv, a teaspoonful every one to two hours.

Passiflora incarnata is a good antispasmodic in many cases, especially where the trouble is of a nervous origin and not due to any stomach or intestinal wrong. The patient manifests a state of unrest, nervousness, worry and exhaustion, cerebral excitation; the patient is sleepless or sleeps badly, and muscular twitching. Use it alone, or it may be added to any other remedy specifically indicated. Give it in the proportion of specific *passiflora inc.*, 3 ss to 3 iv, to water $\bar{3}$ iv, a teaspoonful every fifteen to thirty minutes until convulsions are quiet, then every one to two hours.

In mild cases monobromated camphor is very good. It is a better drug to prevent the return of spasms than to arrest them. In young children give it in one grain doses every hour in mucilage.

Physostigma is the remedy in cases which tend to arise from reflex irritation of the spinal nerves, especially when preceded by the twitching and trembling of the muscles and great weakness in the lower extremities.

The remedy to use to prevent the recurrence of convulsions will depend on the specific indications, as specific gelsemium, bromide of ammonium, specific *passiflora inc.*, etc. The rule to follow is: "The indicated remedy is the remedy to prevent convulsions." It is well to remember the old axiom: "Remove the cause and the effect will cease."

THUJA.

By John Meriweather, M. D., Richmond, Va.

I HAVE been using specific thuja for the part three years, and I would like your readers to know what grand results I have got from so doing. In hydrocele it has been successful in all my cases. Its greatest benefit has been in rectal use. Below are a few cases which speak for themselves.

J. P., aged 49, male, suffered from hemorrhage of the rectum at each stool for fourteen years, due to internal piles. Rest in bed, with a two-foot rectal tube inserted one foot in rectum, and specific thuja in strength of a tablespoonful to six ounces of water, injected twice daily, was the only treatment. Hemorrhage ceased in a week; at the end of four weeks, patient discharged as cured of both hemorrhage and internal piles. No return of trouble after three years.

N. J., aged 40, female. Internal piles with hemorrhage for eight years. At times patient would be suffering the most intense pain. Rest in bed, specific thuja used in strength of a tablespoonful to six ounces of water, injected through long rectal tube twice daily. Cured and discharged at the end of four weeks. Trouble returned in one year. Same treatment was used, and two years has elapsed without further return of trouble.

W. V. J., aged 25, male. Rheumatic ulceration of the rectum with hemorrhage at each stool; duration 5 years. Rest in bed, sp. thuja, with two feet rectal tube used full length. Discharged cured at end of four weeks. Three years have elapsed with no return of trouble.

E. J., aged 40, female, with mucous discharge from ulcerated sigmoid and rectum. Rest, sp. thuja with long rectal tube passed just above trouble. Drug was used twice daily. Discharged at end of two weeks. Patient seen a month later; said she never felt better in her life. Had jumped rope, though weighing 225 pounds.

W. H., aged 30 years, male; occupation, letter carrier; suffered from prolapse of the rectum at each stool. Sp. thuja was injected into the rectum twice daily, patient continuing work; was cured in a month and a half.

R. W., aged 48 years, blacksmith. Colitis, involving descending colon and sigmoid. Was taken with an acute attack in July, 1900. I used every thing I could think of and what was suggested in consultation, without avail. Then thuja was used when patient's condition was critical; emaciation was extreme. The two feet rectal tube was used full length, with thuja in strength of a tablespoonful to six ounces of water. Patient soon began slowly to improve, and now has returned to work at his trade for the past four weeks.

I want to call the attention of my medical friends to these cases, and only ask that they try this drug as I have suggested. This agent is grand in all inflammatory conditions of the colon when the opening in the tube can just get beyond the trouble. When it is used in colitis watch the stools and see what comes from the bowel.

HEROIN.

By E. J. Marsh, M. D., Southwest Oswego, N. Y.

AMONG the somewhat recent new remedies heroin has come rapidly into favor as a relief for cough, yet very little has been written which may serve as a guide to its proper use, or a warning against possible dangers.

I have found one-half grain doses to relieve the husky, dry cough following la grippe, and the severe paroxysmal cough with which some of my patients have been troubled. For whooping cough it appears to be of no use, and is of little utility in pneumonia and bronchitis. I think it is a very dangerous medicine for very young chil-

dren. I once put four one-half grain tablets in four ounces of water, and gave a teaspoonful every four hours to a child four weeks old, which was suffering from whooping cough. Twenty-four hours later the child died—"lost its breath," the parents informed me.

A little later the same dose was prescribed for another infant with the same disease, and soon after the second dose was taken I was hastily summoned. The child had collapsed during a paroxysm of coughing, was livid and limp, eyes half closed, no pulse perceptible at the wrist, and appeared to be dead; had lain for a half hour before I saw it, catching a short and shallow breath about once a minute. One sixtieth grain strychnine hypodermically administered restored the child to normal conditions.

Now possibly my dose of heroin was too large, but I am so well satisfied that my patients were too small, that no more infants get heroin from me. I would like to know if others have had a similar experience.

A FEW CASES IN PRACTICE.

By B. F. Felix, M. D., Cerulean Springs, Ky.

ON July 16, 1900, I was called to see Mrs. T., and responding as quickly as possible I found her sitting on the side of her bed just recovering from what she and her husband called a fainting fit. As she was eniente and approaching the end of the ninth month, I doubted very much in my own mind as to its being a fainting fit. However, I waited a few minutes before giving her any medicine, and after talking to me for perhaps 15 or 20 minutes she was seized with a convulsion that was terrible to witness. I immediately injected nearly one half gr. morphine hypodermically into her arm, and waited the effects of the drug. In about 30 minutes she had another and the last convulsion. Just as soon as the fit passed off I injected 20 drops of sp. veratum and 15 drops sp. gelsemium hypodermically and she had no more convulsions. As her pulse was 100 or more per minute I put her on full doses of veratrum and gelsemium, and brought her pulse down to 60 per minute, and kept it there until labor began, which happened just 24 hours after the first convulsion. I then put her on sp. pulsatilla and macrotys and occasional doses of gelsemium, when in six or eight hours she gave birth to a fine boy. As her feet and extremities were enormously swollen I prescribed sp. apocynum, gelsemium and veratrum, and kept her on it for several days. I used the following prescription: Sp. apocynum gtt. xx; gelsemium gtt. xv; veratrum gtt. x; water $\bar{3}$ iv. M. Teaspoonful every 2 hours.

CASE 2.—On July 31, 1900, I was called to attend Mrs. B. in her first confinement; when I arrived I found her with reasonably strong pains. Os dilating and everything moving along seemingly well, until 2 o'clock in the evening, when without any warning whatever she was seized with a convulsion that lasted perhaps 10 or 15 minutes, I im-

mediately gave her a hypodermic as in the other case and followed with specific gelsem. and veratrum, and sent at once for help and my obstetrical forceps. Dr. C. P. Bacon, of Evansville, Ind., happened to be spending a few days at our hotel and watering place, so I sent for him. He was with me inside of an hour. I asked him to examine my patient, and as she was perfectly conscious and having reasonably strong pains with the child's head in the inferior strait, he thought there would be no necessity of using the forceps; so we concluded to wait and see what nature would do, but after waiting a half hour or more she had another convulsion and we proceeded to empty the womb at once. I gave the chloroform and my friend used the forceps. We had a perineal rent to repair, which we attended to the next day. As in the former case I kept her on specific apocynum and veratrum with antiseptic douches per vaginam until the womb was entirely healed; we removed the sutures about the tenth day. Her recovery was as prompt and nice as could be expected.

CASE 3.—On Feb. 21, 1901, I was called to see a young man who had measles. The eruption had put in an appearance about 4 days previous to my visit. At noon on the 21 he was seized with a convulsion and when I got to him he was as rigid as a telegraph pole, with his head drawn to one side, jaws locked, pupils dilated, pulse and temperature subnormal, and altogether it looked as though he was going to hand in his checks in short order. Now as to the treatment: I first gave him a hypodermic of strychnia 1-60 gr.; I then prepared an infusion of bayberry, ginger and capsicum (old composition); to half pint of the infusion I added a teaspoonful of tinct. lobelia and one of comp. tinct. of myrrh and injected it into the rectum, and as soon as I could, pried his jaws apart and gave him three tablespoonfuls with a teaspoonful each of the tinct. of lobelia and comp. tinct. myrrh. I kept this up, giving him a dose every fifteen or twenty minutes, until after a while his muscles began to relax so his mouth could be opened. I repeated the enemas every two or three hours until the bowels were thoroughly emptied, then in smaller doses to be retained. I kept up the dose of the infusion with enough lobelia to have made an ordinary man throw his boots up but if I ever made him sick he didn't show any symptoms of it. However, after 36 hours of hard work, during which he never spoke a word and seemingly unconscious all the time, I found he was coming around. He first commenced to try to avoid taking the medicine, in 6 or 8 hours he could talk, and in a few more hours absolutely refused all medication. After he had fully recovered consciousness he cursed me and everybody in attendance. Well, I kept up the hypodermic of strychnia and 1 100 gr. atropia every 4 to 8 hours until he was entirely out of danger.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

ACUTE CATARRHAL CONJUNCTIVITIS.

Many cases of acute catarrhal conjunctivitis present a muco-purulent form. There is considerable congestion of the blood-vessels, both of the ocular and palpebral conjunctiva, and the patients are nearly always positive that a foreign body is present. The onset seems this season to be especially sudden, many persons saying that on retiring at night the eyes are all right, and in the morning awakening find the eye "feels sore and red." Drawing the lower lid down, so as to expose the conjunctival surface, flakes or a roll of muco-purulent secretion will nearly always be found in the lower fornix. The lids are nearly always more or less swollen, but not often does a true edema exist. Pain is not complained of generally. There may be slight photophobia, but increased lachrymation is almost invariably present. The eyeball feels sore to touch, but excepting under pressure the sensation is more that of simple discomfort. One eye is usually affected at first, but the fellow eye seldom escapes, often becoming infected by the use of the handkerchief carrying some of the secretion from the affected eye.

The prognosis in these cases is favorable, the eye often getting well without any treatment whatever, provided ordinary cleanliness is observed. Poultices are often employed in these cases, but should never be used, as they increase the difficulty. The general health should be taken care of, and the diet easily assimilated. A solution of boric acid, 3ij to water one pint, may be used for bathing the eye every half hour or hour, according to the severity of the symptoms. The solution being used over the eyeball, and not simply on the lids and face, as many seem to think is required. At night the use of boric acid ointment may prove grateful to the patient, but is not necessary excepting in the more severe types of inflammatory action. If the lachrymation is excessive, the use of a collyrium of—

R—Morphine sulphate, gr. j to ij; Lloyd's hydrastis, 3ss; distillate hamamelis, solution of boric acid, aa. q. s. ʒiv Two drops of this solution dropped into the eye every two or three hours, will be found to give prompt relief.

If the congestion seems to be in the deeper blood-vessels of the conjunctiva, Lloyd's ergot may be substituted for the hydrastis, using from gtt. xx to fl. ʒss.

Internally, during the acute stages, sp. aconite; with considerable swelling of the lids and stinging pain, with some suppression of urine, apis. If the edema is very excessive, sp. apocynum; this may in many cases be combined with the apis. Sp. bryonia should be employed if motion of the eyeball or lids increases the pain and dis-

comfort, but if motion of these affords relief, *sp. rhus tox.* *Sp. cimicifuga* with a rheumatic condition, or tissues having a bruised sensation. Where the discharge is distinctly purulent, and ulceration of the cornea is threatened, sulphide of calcium. With a stringy, tenacious discharge, bichromate of potassium; either of these two drugs should be used in small doses, not exceeding 1-100 gr. If the lymphatic glands are affected, *sp. phytolacca*.

THE TREATMENT OF NASAL POLYPUS.

The theory I wish to maintain is that the ordinary nasal polypus is essentially a *simple localized patch of edematous mucous membrane*, and that this edema is a result of disease in the underlying bone.

The following are some of the clinical signs of bone disease :

1. Digital examination under general anesthesia. If the finger be passed carefully up into the ethmoidal region in cases in which no operation has ever been performed, it often impinges on soft jelly-like tissue, in which spicules and loose pieces of bone can be plainly felt, although it is very rare to feel rough bare bone.

2. The probe may be used in a similar way, but it is obviously much less reliable. Very great care must be taken in employing it and in drawing deductions from its use. A blunt-ended probe and one which can be easily bent to pass in any direction must be used, and even then it is difficult to avoid perforating the softened mucous membrane. The ease, however, with which this is done, and the feeling of bare bone obtained is quite different from the normal condition.

3. In a severe case of polypus in which no operative interference has ever been attempted, if the polypi be carefully removed with the snare without touching the bone in any way, it is sometimes possible to observe that the entire middle turbinate has disappeared, and its place has been filled up by masses of small polypoid looking growths.

4. The results of operations as regards recurrence when the diseased bone is completely removed. This further proves that the bone disease is the cause of the polypi, and not vice versa, as some have stated.

The probable history of a case of polypus is as follows :

In an acute inflammation of the ethmoidal portion, and especially in the severer and more lasting forms of it occurring in connection with the exanthemata, erysipelas, influenza, and septic affections, such as sinus suppurations, it is probable that the periosteum covered by the thin mucous membrane, and even the bone, may be involved. In such cases the middle turbinate is especially liable to be affected, and on examination this structure appears large and rounded, and covered by a thickened edematous mucous membrane. Microscopical examination of such a middle turbinate shows the early stage of the rarefying osteitis above described, and the overlying edematous mucous

membrane has all the microscopical characters of a typical nasal polypus.

As the disease slowly progresses the bone becomes disintegrated and at the same time expanded, and the cell commonly present in its anterior end may become distended and form a bony cyst.

The osteitis spreads to the neighboring parts until the whole ethmoid may become affected. The outlines of the bones are lost, the middle turbinate can be no longer recognized, but loose pieces of bone, polypi, edematous granulations, and gelatinous mucous membrane fill the whole upper part of the nose. In this extremely slow but progressive process the bone is slowly but surely eroded and absorbed. In some cases the disease is ultimately arrested, and then the bone becomes very dense and sclerosed. Such a condition is found in cases in which only a single polypus or perhaps two polypi are present, and in these cases, as is well known, recurrence of the growth after removal is rare.

As just said, the edematous mucous membrane overlying the affected bone in the early stage is indistinguishable microscopically from a polypus, and clinically the two conditions pass from one to the other by imperceptible stages, and can be only artificially divided. Moreover, edematous infiltration in these parts is apt to become large and bulging, as the mucous membrane is extremely loosely attached and easily thrown into folds. After a time these swellings, well supplied with nourishment, apparently take on a more or less independent growth; the increase in size is doubtless assisted by the dependent position of the growths and the action of gravity. Their tendency to become pedunculated is also partly due to the action of gravity, and partly, perhaps, to the effect of blowing the nose, which would tend to make the growth swing about. These considerations explain the chief facts in the clinical features of polypi, their liability to recur after simple removal, the fact that they grow only from the ethmoidal region of the nose where the bone is covered by a thin muco-periosteum, and that they are more common on the middle turbinate and about the region of the ostia of the accessory sinuses where the mucous membrane is excessively lax.—*Dr. Lambert Lack, before Laryngological Society of London. Laryngoscope, March 1901.*

EARLY DIAGNOSIS IN IRITIS AND GLAUCOMA.

Having recently witnessed the deplorable results following tardy or faulty diagnosis in some cases of these diseases, it occurred to the writer to again set forth in plain terms the principal points of difference between iritis and glaucoma, with the intent to enable the general practitioner, with all his multitudinous duties, to quickly and certainly differentiate between them.

The necessity for this differentiation becomes obvious when we take into consideration the fact that the line of treatment that is proper and

essential in the one disease is almost certain destruction to an eye afflicted with the other disease: e. g., the prompt and vigorous use of instillations of atropine, to dilate the pupil and keep it dilated as long as the disease continues, is a prime essential in the treatment of iritis, but is highly destructive to a glaucomatous eye. On the other hand, the use of eserine instilled in an attack of glaucoma, to contract the pupil and draw the iris away from the periphery, is of the first importance in its treatment, but would be certain to entail lasting injury upon an eye suffering from iritis.

There is not space in this article to dwell upon the reasons for using these opposite modes of treatment (any text-book on the eye will furnish them), but only to emphasize the necessity for early and accurate diagnosis.

The differential diagnosis ought not to be so very difficult, if one is on his guard, since the differences are usually constant and well marked, and those I shall mention require no special skill or special instructions for their detection. Any case that cannot be diagnosed by the family physician from the symptoms herein stated is outside the province of this paper and should be sent at once to an oculist. Only those symptoms occurring early in an attack will have mention here, and are as follows:

In iritis the color of the iris undergoes a change, being reddened and its luster lost; it has a muddy appearance. This does not occur in glaucoma in the early stages, if at all.

The pupil is contracted and sluggish in iritis; dilated and does not contract when exposed to light in glaucoma.

A rosy zone of enlarged vessels about the cornea in iritis; conjunctiva diffusely red in glaucoma.

Lids not affected in iritis; may be swollen in glaucoma.

Corneal sensitiveness lessened or lost in glaucoma; not so in iritis.

Tension of eyeball increased in glaucoma; not so in early stages of iritis.

Vision may be lessened from deposits in pupillary space in iritis; much lessened, or lost from intraocular pressure in glaucoma.

Glaucoma is essentially a disease of mature age, seldom occurring in people under forty years old; iritis not influenced by age of patient.

The glaucomatous patient sees a halo of rainbow colors about an artificial light; not so in iritis.

Glaucoma usually attacks suddenly, with severe constitutional symptoms, as fever, prostration, and vomiting, so that the local condition may be lost sight of; not so in iritis.

An attack of glaucoma is often precipitated by mental excitement or worry, while iritis is not so caused, but often by exposure to cold or dampness; especially in those predisposed by syphilis, rheumatism, or scrofula.

To recapitulate: Glaucoma is distinguished by hardness of the eyeball; dilated, immovable pupil; halo around a light; swollen lids;

steamy, sensitive cornea ; vision lessened or lost ; occurring almost exclusively in persons past the prime of life ; being often excited by mental excitement or worry ; and accompanied by severe constitutional symptoms.

Iritis has : iris discolored and muddy, pupil contracted and sluggish ; or glued fast to the lens capsule ; rosy zone about the cornea ; attack often excited by exposure to inclement weather ; a rheumatic, gouty, or syphilitic dyscrasia often as a predisposing cause.

Neither need to be mistaken for conjunctivitis, if it is borne in mind that in the latter disease only the conjunctiva is primarily affected, with redness and discharge corresponding to the variety of that disease. *E. D. Brooks, M. D. Journal of O. O. and L., Jan. 1901.*

Acute Glaucoma after the use of Cocaine, with Remarks on the Use of Holocain in Glaucoma.

Hinshelwood, James, Glasgow, (*Ophthalmic Review*, November, 1900). Opinions differing in regard to the advisability of using cocaine in glaucoma, the report of this case is of interest. Hinshelwood instilled a few drops of a two per cent. solution of cocaine into the eyes of a woman of fifty, who had 6 D. Hy., in order to obtain mydriasis for ophthalmoscopic examination. The fundus was found to be normal and proper glasses were prescribed. Shortly after returning home the patient complained of pain in her right eye, which became more intense, and was accompanied by vomiting. When seen by the writer, the following morning, she presented a typical picture of an acute attack of glaucoma, which he attributed, without any doubt, to the dilatation of the pupil produced by the cocaine. After the use of eserine and internal medication, the pain and tension diminished ; an iridectomy performed on the third day resulted in permanent relief from all the symptoms. Normal acuteness of vision was not, however, regained.

In consequence of this experience, the author is more firmly convinced than ever that cocaine should not be used in any eye in which there is the slightest suspicion of glaucoma, and never in the treatment of this disease.

Since holocain has all the pain relieving qualities of cocaine without its dangerous effects, the writer recommends its use in acute glaucoma whenever it may be advisable to postpone operation until the pupil has become somewhat contracted. Under such circumstances, he considered holocain of great service in relieving pain and in increasing the rapidity of action of the eserine. He has found also that the preliminary instillation of a drop of one per cent. solution of holocain increases the rapidity and intensifies the mydriatic action of euphthalmin. His practice is not to combine the drugs, but to instil the holocain first and follow it in a few minutes by the euphthalmin or

eserine. This also prevented the unpleasant dragging sensation which is so often complained of after the instillation of eserine.

"In cases of secondary glaucoma, such, for example, as arise from a rapidly swelling lens after injury, when there is great pain with elevation of tension, great relief can be given to the patient by the instillation of holocain without the danger of further elevating the tension, until measures can be taken for the extraction of the lens. I have used it with great success in a large number of cases of this class. In short, for the relief of pain, accompanied by elevation of tension, holocain is pre-eminently the drug, for not only is there no risk of further increasing the tension, but its anesthetic effects are decidedly greater than those of cocaine."—*Annals of Ophthalmology*.

Dangers which Lurk in the School Room.

Meany, Dr. Wm. B., (*Indian Medical Record*), is of the opinion that by proper hygienic surroundings much can be done to preserve normal visual capability in school children.

For example, school buildings should be so located as to secure the best sanitary environment and light—the northern light when possible. The window space should be one-fourth of the floor space, and the windows single sash windows, and four feet from the floor. The curtains should be gray or buff in color, two to each window, and hung in the center, so that either the upper or lower half or both can be shaded. The desks and seats should be properly fitted to each pupil to prevent the crouching habit, which puts great strain upon the accommodating apparatus of the eye, causes compression of the superficial veins of the neck, congestion of the head, and may lead to myopia.

Blackboards should be placed opposite windows, not between them. They should be at least twenty feet from the nearest pupil, so that the rays of light from the objects on the board can be brought to a focus on the retina, with the minimum effort of the accommodation. All work placed upon the blackboard should have a certain minimum size, so that the area of each letter will correspond to the square of a visual angle of five minutes. A double column page is preferable to the same amount of matter extending in a single line across an entire page. No type should be smaller than 1-50 of an inch for work held 1 foot from the eyes, and for continuous reading, the type should be 1-16 of an inch. The paper should be dead faced white paper, with non-reflecting surface.

PERISCOPE.

CASE OF TISSUE INJURY BY X-RAY.

The uncertain conclusions held by numerous writers upon the subject, as well as the great interest to me of this my first experience in injuries of X Ray, prompts me to give the full history of this case.

I will state, I had been using the apparatus almost continuously for eight months before this so called burn occurred, without the least sign of skin irritation, as well as since the injury, with still no further injury. I use a Ruhmkorff coil made by the Edison Manufacturing Company, capable of an eleven inch spark. I operate it by the one hundred ten v. current from street circuit. I control my voltage by the use of ten thirty two candle power incandescent lamps, placed in series, reinforced by a sliding rheostat. This gives me ample power, and permits of a wide variation, as I may see fit to cut out or in, any number of lamps.

On January 20th, 1900, one A. L. Bancroft of Los Angeles came to me with a history of injured right shoulder of eighteen months' standing, and wanted a radiograph of the same, stating several physicians said his shoulder was dislocated, and others said it was not; he stating that, when doctors disagreed, who could settle the point except the X-Ray. I placed him upon the operating table, with coat, vest and suspenders removed, with a plate under right shoulder, a good Biddle tube ten inches from his shoulder, in a five minute exposure. When my plate was developed I found it badly fogged. On January 24th he returned; an exposure of ten minutes given at fourteen inches distance, and no picture obtained. On January 27th he again returned, and I made two exposures at sixteen inches—one of fifteen minutes and one of twenty-three. This time a fair picture was the result, showing the true condition of shoulder joints.

My subject was a very large, thick chested man, weighing two hundred and twenty pounds. He stated that in about two weeks a bright red spot, some three or four inches in diameter, appeared upon his right breast, above and to the right of the nipple, which later produced a sore and was hard to heal. He also claimed sharp pains ran down his right leg to knee; then below this point to heel, and finally, to bottom of foot. Also, his beard on the right side of his face fell out, but finally returned.

Soon after this he wrote me, charging me with responsibility in the matter sufficient to warrant him in demanding of me compensation to the amount of three hundred and fifty dollars. This I at once refused, as I felt I was in no wise to blame, and not wishing to stultify myself and establish a precedent in such a case, I refused to comply with his request for any remuneration whatever. Immediately his attorney, in July, 1900, began suit against me in the Superior Court of Los Angeles County for damages to the amount of five thousand dollars.

The case came to trial upon Jan. 14th and 15th, 1901, and, after less than ten minutes' deliberation by the jury, they found a verdict in my favor.

Many interesting points were presented during the trial of the case, showing how necessary it is that one operating with the X-Ray should fully give their subjects to understand accidents have occurred from its use, and others may happen. I took the precaution to advise him that cases had been recorded where it had produced what was called a burn, but I had never seen one. This he corroborated himself upon the witness stand, and Judge Shaw held this to be sufficient warning, even if such warning should be required. The plaintiff introduced two witnesses as experts, who directly testified no blame could attach to me operating any kind of a machine for X-Ray purposes when ordinary care was employed, such as even far less than I had employed in this case.

While no protection such as aluminum plates or any intervening metallic substance was used, I did carefully cover his face and shoulder with clean sterilized towels. Dr. Yoakum, one of their own expert witnesses, stated he had a number of times burned subjects, and some in less time and others in greater or longer exposures. Dr. N. W. Morrison, Chief Surgeon of the Santa Fe Railroad, another of their witnesses, testified he himself had submitted to three exposures for diagnostic purposes, of thirty minutes each, upon succeeding days, and received a very severe burn of the whole abdomen and right hip this, too, by a man in whom he had, and did still place, the utmost confidence in his skill and knowledge, and in no wise did he consider him nor his apparatus to blame. He further expressed himself as a firm believer in the accumulative theory of the ray, as well as possibly the peculiar condition of the salts of the body in some subjects, making them particularly susceptible to the chemical action or effects of the ray. His theory was to the effect that nature likes to work in the dark, and the smaller blood-vessels in particular being disturbed for some minutes by the bright penetrating rays, become disorganized to a degree, so that an unhealthy condition was established, which resulted in death of the parts affected. Only one witness saw fit to do all in his power to fasten the blame upon the operator, and he knew nothing of the principle or character of the X Ray, but lays claim to being a skin specialist. His testimony was accepted by the jury as a huge joke, and he left the stand weaker than upon taking it.

In my defense we saw fit to introduce only two witnesses, as our case was made clear by the testimony of those they expected to prove my negligence, carelessness and unskillful application with which they charged me in their complaint.

In conclusion, permit me to say that if I have been able, in defending myself in this unsought and uncalled for prosecution, to help establish the fact that, as medical men, we can use, and are willing to use, all modern and approved appliances for the purpose of diag-

nostic and therapeutic effect—among which the X-Ray stands prominent—and feel some full degree of security granted and secured by law, I shall feel no regrets from worry of mind nor financial considerations. There never existed in my mind, at any stage of the case, the least uncertainty as to the results of the trial.—*J. A. Perce, M. D., California Med. Jour.*

Local Anesthesia in Hemorrhoidal Operations and all Varieties of Minor Surgical Work.

Since there are so many people suffering more or less with hemorrhoids, and since official operations along that line have been performed only under general anesthesia, we desire to call attention to the fact that we have formulated a method by which hemorrhoidal operations are painlessly performed without the aid of general anesthesia. The operations are rendered painless by using the local anesthetic, "Acestoria."

Our method of operating on hemorrhoidal tumors is as follows:—First, the patient is instructed to take a cathartic the night before the operation, and an enema in the morning. With a saturated solution of boracic acid thoroughly cleanse the rectum, using a syringe or otherwise, and then immediately inject every tumor in sight with "Acestoria" until each tumor is not sensitive to the prick of the needle. Sometimes it is best to use the bivalve speculum before, sometimes after injection, and sometimes not at all. It depends upon the condition and location of the piles.

With hemorrhoidal forceps, or Pean's artery forceps, pick up each tumor at its center, and turn it out.

We generally use the clamp method when possible. Use Kelsey's or Pratt's clamp. After turning the tumors slightly outward with the forceps, which were left hanging to them, each by turn is clamped at its base. Then with a straight needle put in two or more stitches, as may be needed, back of the clamp. Remove clamp and cut tumor with straight scissors through the white line made by the middle blade of the clamp. There will be no hemorrhage if this line is followed. The stitches are now tied. Each tumor is thus treated. Then with hydrozone and hot water, one part of the former to five of the latter, syringe or spray the field of operation thoroughly.

The object of using hydrozone is two-fold: It is the safest and best germicide and hemostatic we have yet used, and we have tried many. Not being a poison, and depending upon the oxygen it contains for its action, render it safe under all circumstances, both externally and internally.

As a dressing we have several times used nothing, simply cleansing with hot water and hydrozone. An ideal dressing is ordinary sterilized gauze, moistened with glycozone. Glycozone is anhydrous glycerine saturated with ozone, a powerful germicide and promotor of healthy granulation.

To prevent pain usually caused by the prick of the hypodermic needle, touch the point chosen for insertion with a glass-pointed rod dipped into 95 per cent. carbolic acid.—*O. W. Green, M. D. in Phila. Med. Times and Register.*

Eclectic Medical Journal.

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CONCERNING HOSPITALS.

While it is not a necessity it is yet desirable for a progressive institution such as the Eclectic Medical Institute to have hospital facilities other than those afforded by the great public hospitals, which in themselves are exceptional.

The students of our college have, as is well known, great advantages in the way of operations that come before the medical classes that have tickets to the Cincinnati Hospital, as well as in witnessing operations performed by our faculty elsewhere, but, in addition to all these we shall begin the next session with exceptional hospital facilities, in which our class alone will be privileged. The contract is signed and the plans are being made for an amphitheatre and an operating room to be built by the Eclectic Medical Institute, in connection with the *Seton Hospital*, and the class privileges of this hospital will be for our classes exclusively, the operations being performed by our professors only.

THE SETON HOSPITAL.—This fine hospital is within a few minutes walk of the Eclectic Medical Institute, the lot on which it is situated extending from Eighth street to Ninth street. Occupying a commanding position this elegant stone front building, constructed regardless of expense, is one of, if not the *finest* hospital of its size in our city. It is owned and conducted by "The Sisters of Charity," and this statement alone is all that is required to inform our friends that the attention given therein is the very highest possible. Whoever is nursed or cared for by a "Sister of Charity" is given every care that self sacrificing woman can give, and this self-evident fact need not be argued. The Seton Hospital is a Sister of Charity Hospital, conducted for the good of humanity, and is maintained by charges that are as low as it is possible to make and give the food, medicine and comforts necessary to the afflicted. The nurses are the Sisters, who freely give their time and labor without return, other than that which comes to those whose lives are devoted to suffering humanity.

THE HOSPITAL FACILITIES of the Seton Hospital need not now be dwelled upon beyond the foregoing statement, for in a subsequent paper we propose to make a more detailed statement of fact. Those who know us know that we make no paper promises; whatever we announce concerning the faculty, the Institute, or our facilities, is fact. We make no display announcements, and in the present state prefer to understate rather than overdraw. A plain statement of these facts enables us then to say to our people, that whosoever brings or sends a patient to the Seton Hospital, placing same under the care of any member of our faculty, may depend on it that his patient will obtain the best of care, *the very best that can be given*, on the most reasonable terms, and that this patient will be under the exclusive professional charge of the physician selected. If a practitioner wishes consultation concerning a provoking or perplexing case, medical or surgical, this hospital is open to his patient, and both himself and his counsel can give the patient their care. To sum up, the physicians of our school who wish the advice or interest of our faculty for a patient, be it in therapy or surgery, can, in this hospital, obtain just what we have promised and all that we have promised.

And now as a final word we wish to say, that this hospital is ready for patients. It is established, and already our faculty have performed several operations, and are giving treatment to others. We are in condition to at once care for whoever is placed in our charge.

III. DISORDERS OF THE NEW-BORN CHILD.

Certain congenital defects or malformations are occasionally present in the child at birth. These may vary from a slight degree of foetal teratosis to the various features of malformation, deformities, and defects, and even to the most hideous monsters, including every form of abnormality known to teratology.

Fortunately those known in the classification of *teratism*, or frightfully appearing monstrosities, where probably the brain is absent, or such marked perversion in development as to scarcely reveal any semblance to a human being, seldom survive.

Of the lesser degrees of malformation harelip is quite frequently present. It frequently interferes considerably with nursing, usually dependent upon the extent of the trouble. In the event that cleft palate exists in conjunction, nursing at the breast is well nigh impossible. Under such circumstances it will be necessary to draw the milk from the breasts and feed it to the child with a spoon. In case the child is able to take its nourishment from the breasts, no immediate relief of the defect is called for; however, operative treatment, looking to the closure of the labial gap, and restoring the lip to its natural appearance, should usually not be deferred beyond the third month. In the case of cleft palate, it would be advisable to wait till the end of the first year or year and a half, owing to the fact that the

very delicate nature of the tissues of the part will not hold sutures satisfactorily earlier.

Another of the minor defects is imperforate anus. This, however, is grave in its nature unless soon relieved. Upon examination no appearance of an anus will be found. It may terminate blindly high up, open into some other part, or as is ordinarily the case, reach its usual location normally formed, with sphincter, etc., but inclosed beneath and above by a tegumentary covering. This abnormality will, as a rule, be discovered by the nurse during the first washing, and the physician should operate by opening into the bowel or creating an artificial anus at once, or within twenty-four hours at most. This opening should be packed with gauze or cotton, and in some cases it will be necessary to retract and unite the outer and inner edges with sutures to prevent adhesion or reclosure.

Nævus maternus, or birth-marks, in addition to spots, blotches and discolorations, sometimes are present in the form of small projections or outgrowths (teats, bunches, berries, etc) from the integument, appearing in various locations often, and it seems most frequently about the face or exposed regions. These under ordinary circumstances, should be excised or removed at once, or within the early weeks of infancy; oftentimes clipping with scissors answers very well; again, the application of a silken ligature is preferred; some cases may require a simple after dressing, or the use of a slight compress, while occasionally the careful use of a mild caustic will be advisable.

Another peculiar condition that will be sometimes seen is a webbed condition of the fingers or toes, or both; in some cases extending part way, in others to the whole extent of the digits. When this occurs in the fingers it is quite unsightly, and should be treated surgically at about the end of the first year, by dividing, dissecting back, and stitching together on the side of each finger. As to the webbed toes, but little concern need be given, unless the esthetic tastes of the parents demand reparation, when the process of relief will be very similar to that of the fingers.

In rare instances supernumerary digits are present at birth, in the way of extra fingers or toes. In some cases no bones are present, when they may be removed by simply clipping away with scissors. Under other circumstances, when they are developed, amputation should follow, after a few weeks, in the usual manner, removing the superfluous member with the object of recovering the natural appearance of the part.

In addition to the above, together with other defects that have been heretofore named, there may likewise be encountered curvature of the spine and long bones, club foot, rickets, cross eyes, as well as various other defects which do not stand in need of immediate treatment, but which later on should receive such care and attention as may be required to restore each individual lesion to a normal condition.

There may be present in the new-born child, in some instances,

certain wounds or injuries incurred during the process of delivery; such usually occur in difficult labors, when some artificial assistance is required to save the mother or child, owing to the inadequacy of the natural forces. Severe contusions of the scalp, as well as marked distortion of the head sometimes attends the use of the forceps, under such circumstances. Aseptic washes should be used, followed by applications of distillate hamamelis or carbolyzed vaseline, and dressed with soft gauze or lint. Cleanliness in such cases should be kept in mind.

Occasionally during a version or sometimes in breech presentations, when the part fails to engage, the pains are feeble, and an immediate delivery becomes imperative, requiring heroic mechanical interference, one of the long bones may be fractured; this will usually be the leg, and most often the femur. Such cases should receive treatment not unlike that ordinarily observed in fractures; applying a permanent dressing of plaster, or silicate of sodium within a day or so, union follows quickly, and usually with the most satisfactory results. Such accidents are as a rule unavoidable, since they usually occur as a consequence of forced delivery, in desperate cases where the life of the mother is threatened or in great danger.

A not infrequent disturbance to which the attention of the physician will be called during the early days of infancy is sore mouth, this may manifest itself as a well defined aphthæ, wherein the lining of the mouth and covering of the lips are studded with small white vesicles; more or less feverish disturbance is usually present and the child becomes quite fretful; this trouble will usually yield within a few days if a wash of boric acid 5 to 10 grains to the ounce is freely and frequently used.

Probably a more common disease of the mouth is that known as thrush or sprue. This is the growth of a fungus upon the tongue and mucous membrane of the mouth. There will be a coalescence of white spots; the child apparently suffers considerably from the trouble, and often can only be persuaded to nurse with difficulty; this disease is owing to the want of strict cleanliness, consequently the mouth should be frequently cleansed; likewise the nipples thoroughly washed with a soda solution after each nursing. A mouth wash that is highly recommended as a curative measure, is boric acid gr. xv to xx to honey ℥j; one half dram of the mixture should be put in the mouth four times a day. This, together with the precautions named, in addition to judicious hygienic surroundings, will overcome the trouble within a reasonable time. A solution of boric acid applied by means of a swab of soft lint has also given very pleasing results in our experience.

In some cases where the young child persists in crying continuously without apparent cause, it may be owing to earache. Under such circumstances it rolls the head, cries as if in great agony, keeps the hands in constant motion, often carrying them to the head and rubbing the

affected side; frequently the application of heat readily relieves the suffering; simply allowing it to lie with the effected ear on the hot water bottle may be all that is necessary. The trouble may depend in some cases on an insect or foreign substance gaining access to the ear; in this event hot water dropped into the ear until filled, will remove the source of the trouble as well as quickly appease the excruciating pain.

R. C. W.

NEUTRALIZING CORDIAL.

This is one of the old Eclectic compounds, and it is not likely to drop into "innocuous desuetude" for years to come, because of its value in the diverse disturbances that are readily remedied by its administration. We have used it for twenty years, and know of no substitute for it. Our friend, Dr. J. C. Butcher, of Urbana, O., has used it since he began practice, and his father used it in a large business for forty years before him. In fact, nearly every Eclectic we know, and especially those familiar with many of our older methods and remedies, use neutralizing cordial with much satisfaction.

Although the main ingredients in all formulas for making it are the same, in some of them *hydrastis* forms a constituent. This is true of the formula as found in King's Dispensatory and in the National Formulary. We believe that *hydrastis* is made a part of the product of Lloyd Brothers, as it was of almost all, if not of all, of the old formulas. Prof. Locke's method of preparation is as follows: Take of good powdered rhubarb, bicarbonate of potassium, and powdered peppermint herb (fresh), of each three ounces; bruise and add boiling water four pints; macerate over slow fire one hour; then boil for ten minutes; then filter through cloth; to the filtrate add two pounds of the best white sugar; then boil and filter again; when cold add one half pint of alcohol to which one-half fluid ounce of essence of peppermint has been added. (Brandy is used in place of alcohol by many.) The dose for an adult is from one to two tablespoonfuls, and for a child from one to two teaspoonfuls. It may be repeated every half hour to four hours, according to the demands of the case.

A neutralizing powder is always recommended to the class by Prof. Locke, which may be used sometimes as a substitute for the cordial. It is composed of powdered rhubarb, fresh peppermint herb, and bicarbonate of potassium, of each equal parts. Of the mixture add a teaspoonful to a teacupful of boiling water; sweeten and give in doses about the same as the cordial.

Neutralizing cordial should not be forgotten when any digestive or bowel trouble presents. It is not a specific for any one disease; but *it is a specific* for the conditions that are so very prominent in so many disturbances of the digestive tract that it always deserves consideration. We all know that hyperacidity usually accompanies atony. The bicarbonate of potassium counteracts that feature always. Atony also

means weak muscular and lessened vermicular action, and lessened or poor secretion, hence constipation to a greater or less degree prevails, and there is no better remedy for such conditions than rhubarb. Of all the laxatives and cathartics known to us, rhubarb is the most gentle, kind, efficient, and harmless. As a corrective or gentle stimulant, the peppermint and brandy or alcohol are generally remedial.

Taking these things into consideration, neutralizing cordial, if not a complete remedy, may form the basis of the treatment of a very great number of the common digestive ills. It may be said to be indicated by atony and hyperacidity; and although some authors have also included irritation, as evidenced by the pointed tongue with red tip and edges, we can not fully agree with them upon this point. There may be, however, either diarrhea or constipation, and there may be, or may not be, abdominal tenderness. When diarrhea is present the discharges are foul and sour, and the patient, especially if it be a baby, smells sour. There may be more or less nervousness, restlessness and screaming from abdominal pain (the good, old time belly-ache); there is usually intestinal constriction and abdominal contraction because of these crampy or griping pains. There may be screaming and possibly convulsive twitchings, or even fully developed seizures. The stools are usually full, free, foul, and light colored. If the diarrhea be exaggerated and prolonged by retained or undigested material, the latter is removed through the laxative effects of the cordial.

In constipation due to atony, whether it be obstinate or not, neutralizing cordial is an excellent remedy, alone or in combination with other indicated remedies. As a laxative when the proper conditions prevail, it may be given with safety and with satisfaction to the pregnant or parturient woman, as well as to the exhausted fever-stricken patient, or to the convalescent. It is excellent in nursing sore mouth, and through its administration to the mother the child at the breast may be improved. It is usually the remedy best suited to the hemorrhoidal patient who needs a laxative. Atony is generally his watchword and password.

Through its laxative and stimulating effects, neutralizing cordial is an antidyspeptic and anti-emetic—a digestive. In dysentery, either acute or chronic, when of the below-par variety, this should be the remedy as the basis of the prescription. In cholera morbus and cramp colic, in nine cases out of ten there is no better remedy, alone or in combination. The same is true of it in cholera infantum, and in hepatic torpor, gout, or rheumatism.

While we generally use plain water, chloroform, cinnamon or peppermint water, especially in hot weather, and in stomachic or bowel wrongs, yet neutralizing cordial is not only an excellent vehicle for other indicated remedies, but in our mind it rights the wrongs so that absorption or assimilation is more active, and results are more rapid and permanent; or it enhances or increases the action and value of

other indicated drugs. Thus we make the neutralizing cordial so many, many times a vehicle for other remedies; or, if you prefer to express it this way, we add the indicated remedy to the neutralizing cordial, when the indications for both seem to exist in the same patient at the same time, which they frequently do.

In the neutralizing cordial case we frequently add specific *colocynth*, one or two drops to four fluid ounces of the cordial in diarrhea or dysentery, when there is much gaseous distension of the bowels, or tormina and tenesmus. If pain be severe and immediate relief is demanded, as in cholera morbus or cramp colic, we add chloroform, say one drachm to two ounces of the cordial; or in this case we might add the compound tincture of cajeput, so that doses of fifteen to twenty or even sixty drops would be given every twenty or thirty minutes until pain is relieved; or the aromatic spirits of ammonia, or the old "number six" of Thomson, the compound tincture of myrrh, might be the best remedy at hand.

When there is a torpid liver, with broad, full, heavily coated, dirty tongue, podophyllin or the specific podophyllum, or specific leptandra might be added. In some cases of diarrhea, specific euphorbia is to be added, and the result the best. In some old chronic dyspeptics add to the cordial, or alternate with it, aloes to impress a torpid bowel: compound tincture of myrrh to impress and liven up both stomachic and intestinal torpor; or specific gentian, or ginger, or paregoric might please you better and meet the demands of the case in hand. Cod liver oil (and there are those who think it a remedy and not only a fat and a food) can be given nicely with the cordial. The nastiness of phosphorus is to an extent covered by the cordial, and in proper cases one assists the other in promoting constitutional welfare, and in overcoming internal warfare in the man or woman who takes them together.

We might extend this list over a dozen pages. But we could not present anything likely that the readers of the JOURNAL can not think out and work out for themselves. We ask you to think as you read, reason as you think, and conclude for yourself. Our aim is to help you to help yourself, by directing your attention in this instance to neutralizing cordial, which, though it may be as old as the time of Wooster Beach, is still worthy of our study.

W. E. B.

SPECIFIC DIAGNOSIS—SPECIFIC MEDICATION.

To be a good diagnostician is one of the essential requisites to a successful practitioner. Unless one is able to make his diagnosis, he certainly will fail in the healing art; and yet one may be an expert diagnostician, and yet a failure as a practitioner, paradoxical as this may seem. If there is any truth in specific medication, one certainly must be able to recognize the conditions calling for specifics. All of which brings one to the meat of the subject—what is diagnosis, and

what are specifics? The teaching of diagnosis in the old Eclectic Medical Institute for years has been that the ability to *name* the disease after a thorough examination of the case was the smallest part in the diagnosis and the early teachers went so far as to say they cared not whether they were able to tell what disease the patient had, they could successfully treat it by symptoms. This statement, sent broadcast over the country, did much to bring ridicule upon the school, and yet a thorough understanding of the term diagnosis will show that the teaching of the fathers was correct.

One has to practice medicine but a few years to find that many cases of pneumonia, dysentery, cystitis, etc., are entirely different from the recognized pneumonia, dysentery, and cystitis of the books, and that a true diagnosis consists in determining the *conditions* of each case, rather than the ability to name the disease, and that specific medication is meeting these conditions by definite remedies, or specifics. Thus one pneumonia patient will need veratrum to overcome the excessive power of the heart, as shown by the full, bounding pulse, while another will need aconite in the small dose to add tone to a weak heart, as shown by the small, frequent pulse. One will need ipecac for the irritation, as shown by the hacking cough, while another will need lobelia for the oppression and dyspnoea, and bryonia will relieve the hard cough and lancinating pain so often experienced. And so we might name a score of remedies that will meet certain conditions found in some cases of pneumonia, dysentery and cystitis, but which we could not prescribe for each case, because all are not alike.

A recent article (February number) in the *Monthly Cyclopædia of Practical Medicine* illustrates the stress laid upon diagnosis as commonly understood, before treatment can be successfully employed.

The subject is Influenza, and I quote the following under the head of Diagnosis: "The celebrated Bonn Professor's advice is that a complaint presenting catarrhal features should not be diagnosed as true influenza until the characteristic microbe has been found."

Having found the microbe the diagnosis is then assured, and having diagnosed the disease we are ready for treatment. Again I quote from the same article under the head of Treatment: "An editorial remarks that with reference to treatment there seems to be *nothing very effective*. There is no specific for grip, and until there is a *protective* or a *causative serum*, there probably will be no specific."

Then follows certain R's that may be used, only one of which need be given: R—Solid extract of aconite, gr. 1-6; Dover's powder, gr. j; phenacetine, grs. iv; quinine, gr. iij. M. Three doses to be given daily as long as febrile temperature lasted.

This is so-called scientific medication. Diagnose the disease, then use certain formulæ to correct said disease. Surely there is a safer, more rational, more pleasant, *more certain*, and a more positive way of proceeding.

Study the *condition* of each individual case of any given disease, and medicate these various conditions as they arise, rather than the disease as a whole, and the practice of medicine approaches the sciences, and may be called exact. Diagnosis and specific medication go hand in hand when rightly understood, and the successful practice of the future, as of the present, will not consist in finding some remedy or serum to antidote the disease, but in meeting the conditions of disease as each may present, by definite specific remedies. R. L. T.

THE STUDY OF MEDICINE.

You may answer—"We are not students, we have studied medicine." I reply, when one ceases to be a student, he should retire from business. Always a student, always learning, always "wanting to know," keeps a man out of the professional rut of guess-work in diagnosis, and prescribing by rote.

What shall a man study, to make it interesting and profitable? Is it to be the old books on the shelf, the new books in the market, the medical journals of the different schools?—What and how much? Then the answer comes, "I have no time for reading; I am obliged to move on continuously." Or, "I have no money to spend for books or journals; I need it for other purposes."

I know how it is myself, having been through the mill from the bottom up, and I can testify that there is time enough, and opportunity enough, for right study, and for profitable study, and the expenditure need not be large.

If you were buying a horse, what would be the method of study? Certainly you would not go to the library for a work on horses, or send for a paper on horses. The horse itself is to be studied, its facial expression, its eyes, its legs, its digestive apparatus, its wind. One would hardly take the word of the seller or of his disinterested friend.

Books and journals are good things. We have worked this field sufficiently well, we hope, to enable us to study for ourselves. We go to the fountain now for knowledge—to nature. We have the same capacities as the writer of books, or the maker of journals. We see patients every day—new patients—and we can test medicines every day. This is the common field of labor, and every one of my readers can work it to advantage.

I have heretofore called attention to the fact that every practitioner should be a maker of books; and that the book or books he makes has more value to him than the books he buys. He is not obliged to print, and he gets his profit without selling.

An old friend of mine, and a successful practitioner, kept King's Dispensary on the table, and was always looking it over at spare minutes. He knew it by heart almost, but said he "wanted to keep it fresh," as the knowledge of *materia medica* gave success in practice. Another had his college "note-book" of Jones' lectures, to which he was constantly adding from his experience.

One can make his own *materia medica*, as he can make his own practice of medicine, by continually putting down his daily observations. It is the best study a man can make, and the best practice. The effort to record is a stimulus to better study of disease and remedies, and the closer the study of patients the better the success in practice.

It is a great mistake to suppose that disease is better studied in hospitals. It is a great mistake to suppose that it can be studied to better advantage in another person's hands, or from his mouth; and it is a mistake to think that a city practice, or a large number of patients daily, is a necessity. The diseases of the country are best studied in the country, and three or four patients a day can be more carefully watched than thirty or forty.—*John M. Scudder, M.D., Editorial, April, 1890.*

POTASSIUM CHLORATE.

We sometimes wonder whether physicians appreciate the specific action of such agents as potassium chlorate.

We have come to associate this drug with a stench, a stinking condition similar to that encountered in decaying animal matter, or as it has been so often and so aptly expressed, "an odor suggestive of the dissecting room." We have repeatedly read and have heard the statement that care must be exercised with this drug lest we provoke nephritic inflammation. After a very extensive use of this drug we have never observed the slightest tendency to such involvement, though we agree that with this as with other agents we should be watchful and cautious in its employment. Our safety lies, we believe, in applying the agent only when specifically indicated, and when so applied we have never observed any but good results.

As before stated, it is the remedy—the specific remedy for a cadaverous stench, no matter how this stench originates. If, however, this stench arises from retained fragments of placenta, or other putrefractive conditions remediable by mechanical means, it is only relatively a useful agent. Probably cleansing the parts is the common sense procedure in such cases. Even after such measures have been resorted to we give internally potassium chlorate to overcome the stench exhaled in the breath, and by the skin, due to absorption of the poisonous material. If in sore throat, tonsillitis, etc., the breath is cadaverous; our patient gets potassium chlorate, and we are not disappointed, so far as overcoming the stench is concerned. No remedy that we give is administered with greater confidence of specific results. If it be an offensive lochial discharge (not due to retention of fragments of any size,) the remedy is potassium chlorate. If the breath be fetid from the decomposition of blood in the stomach, we give potassium chlorate, and in these cases it frequently acts as a pain reliever and checks gaseous accumulations. We very commonly have use for it early in fevers of all types, and particularly in the catarrhal fevers of childhood. Here it always improves the condition, and the change is

so marked that the nurse is invariably astonished at the specific effects of the drug. In ozæna, in aphthous conditions, in fetid ptialism of pregnancy, in nursing sore mouth (usually with coptis), in fetid leucorrhœa, and fetid dysentery, it is as specific as any agent in the materia medica when the characteristic fetor is present. We prescribe it with good results in purulent coughs, when the skin is hot, pungent, and there is a cadaverous odor, and for foul ulcerative mucous tissues, with a pale or bluish coloration and marked inactivity, it is our main reliance.

It should be borne in mind that chlorate of potassium is not the remedy for everything without regard to specific selection. We have been unable to benefit sore throats with it unless they were of the character above described. We have been careful in scarlatina lest we increase the well known tendency in that disease toward nephritic involvement. We are not sure that even under such conditions it would provoke or even increase the tendency to nephritis, but caution here is better than risking too much. If you do not use this agent, try it, remembering that it is the remedy for altered secretions, with fetor.

H. W. F.

HEROIC DRUGGING IN PNEUMONIA.

The *Lancet-Clinic* of April 13th, as its leading article, carries a paper by Dr. Chas. F. Hope, on the subject of Pneumonia. Our purpose is not in any way to criticise the writer, rather would we commend the paper as one evidencing advancement especially in one direction, and to commend his word of caution against the heroic drugging of former times, to which we call attention as follows:—

“Give as little medicine as will meet the indications so that gastric disturbances may not arise, thereby destroying what few chances the patient would otherwise have, especially if they are adynamic cases. Above everything else keep in mind Osler’s warning, that pneumonic patients are more often damaged than helped by the promiscuous drugging which is still only too prevalent.”

We have filled prescription after prescription for practitioners of the olden time where in our opinion the villainous medicine would have been sufficient to have sapped the life out of a strong, healthy person. In some of these instances we believe that Osler’s warning as cited above might have been made stronger to the effect that pneumonic patients are more often killed than cured by such barbarous drugging, which is good for the maker of medicines but bad for both the consumer and the man who pays for the medicine. Should we presume to comment further we would say that in our opinion, could Dr. Hope become acquainted with the modern Eclectic treatment for pneumonia, he would both discard the remedies he now extols and cease speaking of a “specific” for such a disease expression as that known under the general name pneumonia.

But we have no quarrel with our friends who evidence indications of liberal progress. It cannot be expected that the movement will be absolutely one from the heroic drugging that comes as the inheritance of centuries to an immediate acceptance of kindlier methods advocated by persons believed to be medical heretics and irregulars.

J. U. L.

THE PHYSICIAN AND THE DRUGGIST.

In the same issue of the *Lancet-Clinic* we observe a communication from George M. Miles, druggist, under the above title, and from this we abstract as follows:—

“Only those doctors who are afraid to trust themselves, or who love money better than anything else, prescribe their own medicines (the Homeopaths and Eclectics do not come under this article.”)

Dr. Miles has done himself credit and us a favor in excluding Eclectics from his bitter criticism against doctors who carry their own medicines, and a word on the subject may be pertinent to the occasion. In the first place, Eclectics are not and have never catered to cheap medicines, for we have recognized that our existence as a school depended upon certainty in therapy. If our remedies fail us we know full well that the result would be disastrous in every regard, both professionally and financially.

In the second place, Eclectics have been taught that it is the poorest kind of economy to economize in the direction of the quality of medicines. Not only this, but the doctor who knowingly risks his patients' lives by the saving of a few cents in his medicines commits a crime, and does not merely fall into an error of judgment.

In the third place, speaking for the Eclectic Medical Institute, we make it a rule to teach pharmacy enough to permit our students to comprehend the difference between the fact and fiction as concerns remedies, and it is not easy to induce men who understand these matters to buy gold dollars at 50 cents each. The man who offers to sell his goods on a claim that they are equal to a standard, and cheaper, finds himself up against this issue, which is to be likened to the sale of gold bricks. But the facts are, until a very recent period the one reason for Eclectics carrying and dispensing their own medicines was the fact that they were an ostracized people and could not obtain the remedies they wished. The druggists often viewed us as quacks and charlatans, and conscientiously so, their information concerning us coming from our rivals and antagonists who too were conscientious in their opinion of us. Hence Eclectic physicians since 1845 have been forced to not only carry their own medicines but procure their own supplies from a distance, and this habit if it may be so called, lingers yet and has soured many of our physicians against druggists who at the present time see things very differently. Be it said in our favor now, that jobbing druggists throughout the United States carry supplies of Eclectic medicines and consider them staple. Be it said also

that retail druggists throughout the country are inclined to be more generous in their treatment of us, and in many directions speak both of us and of our remedies in the highest terms. And be it further added, that our rivals in the other school are considering our preparations and our methods more kindly, and indeed are willing in many instances to turn to us for suggestions where their own remedies and their own therapy fail to give satisfactory results.

Taking it all in all, Mr. Miles' generous reference to us as a profession that stands above the dollar level and not afraid to trust ourselves in the handling of our own medicines, is a compliment that we as Eclectics cannot but appreciate.

J. U. L.

PROFESSOR BLOYER.

And now we have the opportunity to call to our readers' attention the fact that our friend, Prof. Boyer, is ready to serve his professional favors from a new location and a better one. For a dozen years we have noticed his steady advancement, and in common with his friends, professional and otherwise, have taken a kindly interest in the important part he is taking in affairs in this city and elsewhere. His new suite of rooms is located in The Lancaster, No. 22 West Seventh st., and they are second to none, both as to convenience of location and adaptability to business. Right well has the Professor earned this elegant suite of rooms; right well will he grace them, and most faithfully will the physicians who consult him in the lines of his specialties be served. It is both a privilege and a pleasure to make this announcement, and its reception will be equally pleasant to those who receive it.

J. U. L.

THE OHIO MEETING.—The Executive Committee of the Ohio Society met in Columbus and arranged the program for the next annual meeting, which will take place at Put in-Bay, July 16, 17 & 18, 1901. There will be a three days session and the program will be so arranged that an exact portion of time each day will be divided between the business session, clinical symposium, section work, and recreation. An enjoyable and instructive meeting is looked for. The printed announcement will be issued later on.

UNVEILING OF THE KING MONUMENT.—The King Monument Committee desires to announce that the unveiling of the monument marking the last resting place of the late Prof. John King, will take place with appropriate ceremonies, at Cleves, near Cincinnati, Sunday, June 16, 1901. The Committee requests that the President of each State Society appoint one or more members who will consent to attend the unveiling as a special representative of their Society. The headquarters of visiting physicians will be the Grand Hotel, opposite the Grand Central Depot. All of the visiting physicians can then continue their journey to Chattanooga on the Monday following by a daylight trip over the Cincinnati Southern Railway.

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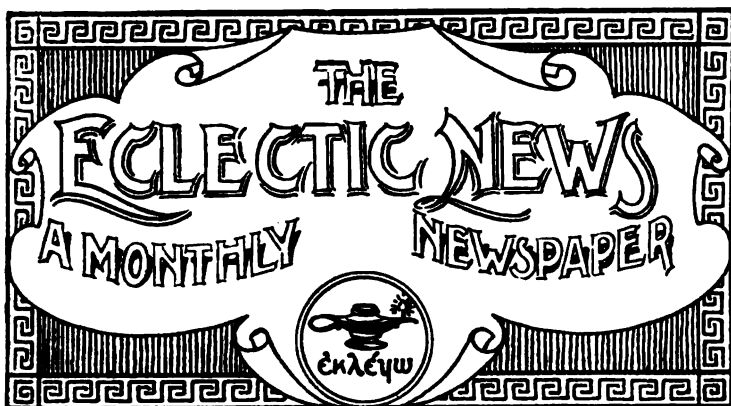
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BOOK NOTICES.

MATERIA MEDICA AND THERAPEUTICS, with reference to the most Direct Action of Drugs. By Finley Ellingwood, M. D. 8vo, 706 pages, cloth, \$5.00. Chicago Medical Press Co., publishers, Chicago.

When this book appeared we gave it so thorough a review as to preclude us from more than reiterating what was then said. But as repetition is useful, yes needful in cases where that which is good is concerned, we again call attention to this book, which has proven the success we predicted on its appearance. If you have not purchased the volume, let this reminder say to you, that you have missed a book which carries a great fund of information concerning remedies and their uses, disease expressions and their treatment.

Ellingwood's *Materia Medica* is divided into ten sections, in which the remedies are grouped into classes as follows:

Group I, Agents acting on the Nervous System. Group II, The Heart. Group III, The Respiratory Tract. Group IV, The Stomach. Group V, Intestinal Glandular Organs and Intestinal Canal. Group VI, Character of the Blood. Group VII, Genito-Urinary Organs. Group VIII, Female Reproductive Organs. Group IX, Control of Hemorrhage—Hemostatics. Group X, Micro-Organisms and Parasites.

These sections are subdivided into chapters, in which are grouped the indicated remedies, the following being representative of a section and the chapter groupings:

GROUP VI, Agents Influencing the Character of the Blood.

Chap. 1. Echinacea, baptisia, berberis aquifolium, ailanthus glandulosa, dulcamara, calitropis gigantea.

Chap. 2. Phytolacca, stillingia, corydalis, chimaphila, lappa, rumex, kalmia, fucus, ichthyol.

Chap. 3. Hamamelis, calendula, æsculus, trifolium, senega, colchicum, gaultheria, salicylic acid, salophen.

Chap. 5. Iron and its compounds—iron, chloride of iron, tincture of

iron, sulphate of iron, carbonate of iron, citrate of iron, citrate of iron and ammonia, tartrate of iron, tartrate of iron and ammonia, tartrate of iron and potassium, citrate of iron and quinine, citrate of iron and strychnine, citrate of iron, quinine and strychnine, phosphate of iron, compound syrup of the phosphates, arsenate of iron.

Chap. 6. Iodine and its compounds, etc.—iodine, tincture of iodine, decolorized iodine, compound solution of iodine, potassium iodide, sodium iodide, ferri iodidum, acidum hydriodicum, oleum morrhue.

If we were to be asked to make a kindly stricture on the book, it would be to the effect that it gives too much. In other words, in the endeavor to be thorough, Dr. Ellingwood has fallen into the error of naming many remedies that are indifferent or not representative in connection with others that do all they accomplish and more, and has not stated as plainly as he might, that these remedies are of minor importance, or not used by himself. While this feature of the book may not in the least disturb an experienced practitioner of our school, it is apt to lead the beginner to wander or even guess. In our opinion, a large number of valuable remedies are thus obscured, and we believe that had Dr. Ellingwood confined himself more largely to just *such remedies as he uses*, and ignored all these side lights, although his book would have been smaller, it would have satisfied experienced practitioners better, and the better have served those inexperienced. But this fault is so common as to be almost universal, and in reply to such a criticism, the authors all would probably argue that the fact that liberal measure is given can not be laid up against a book.

DISEASES OF THE HEART. By A. L. Blackwood, M. D. 8vo, 261 pages, cloth, \$2.00. Halsey Bros. Co., Chicago.

The author of this book has given to the profession a carefully written work on diseases of the heart, containing much useful information. The different phases of this subject are presented in an orderly manner, and as briefly as is possible to convey an adequate knowledge of the subject under consideration.

The first part of this book is devoted to the discussion of the different methods of examination of the patient, the pathological conditions indicated by certain symptoms, and general therapeutics. After this follows a discussion of each disease under the following heads: Definition, Varieties, Etiology, Pathology, Diagnosis, Prognosis, and Treatment. By this method the writer has made the book a ready reference for the busy practitioner.

J. R. S.

OBSTETRIC AND GYNECOLOGIC NURSING. By Edward P. Davis, M. D. 12mo, price \$1.75 net. W. B. Saunders & Co., Philadelphia.

Dr. Davis is an instructor in both the Jefferson and Philadelphia Hospital training schools, and is thus well equipped to prepare a work along this line. While it is more especially designed as a guide to nurses in the departments of obstetrics and gynecology, covering each subject in every detail, it will at the same time be found a work that will prove of great assistance and incalculable value to the gen-

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EDITORIAL FROM E. M. JOURNAL.

eral practitioner ; not only as to his own enlightenment, but in directing and intelligently instructing the nurses as well. The work is divided into two parts. Part I, Obstetric Nursing, includes nineteen chapters. Part II, Gynecologic nursing, contains fourteen chapters. The subjects in each are treated exhaustingly. We have spent considerable time in a careful review of this work, and are pleased to endorse and commend it.

R. C. W.

PHYSICIANS' MANUAL OF THERAPEUTICS, referring especially to the products of the pharmaceutical and biological laboratories of Parke, Davis & Co., Detroit, Mich. 12mo, 526 pages, flexible morocco.

It is not usual for a detailed book review to be given the prices current of a manufacturing establishment, but in this case we shall make an exception because the subject warrants it, and the book merits it. This publication is not a bare statement of names of remedies and their prices, but teems with information that is useful to every physician regardless of school. Most careful studies are made concerning antidotes to poisons, equivalents to weights and measures, therapeutic suggestions, formulæ concerning compounds, pills, tablets, fluids, etc. The first part of this book is devoted to "Therapeutic Suggestions," and the second part to the "Materia Medica," and both are well done. The subject of serum therapy is a specialty of this house, neither expense nor care being spared, and if there be any larger plant devoted to its evolution we do not know of it. The physician who desires this Manual of Therapeutics can obtain it by mail free. Address Parke, Davis & Co., Detroit, Mich.

J. U. L.

IN THE DESERT. By George Ebers. 12mo, 329 pages, cloth, \$1.50. Dodd, Meade & Co., New York.

This is the story of a woman who decides to lead an unconventional life. She is left an orphan and wealthy, and succeeds in doing many strange things ; among others she took a trip across the desert, with a Boudoin as a guide. She is rescued by her lover, who finally persuades her to give up her extravagant mode of living and marry him. It is a fairly well written novel, but we fear it will not meet with great favor.

MEDICAL JURISPRUDENCE.—The Law and its Relations to Physicians. By Arthur N. Taylor, LL.B., of the New York Bar. D. Appleton & Company, New York. Cloth, \$2.00

Many works by able authors have been written on medical jurisprudence for the use of attorneys at law ; few for the use of the physician. The subject of medical jurisprudence is becoming each day more prominent in the courses of studies at the medical colleges in this country. Lawyers are now selected as professors in this branch. Lawyers are incompetent to teach students medicine. A text book on medical jurisprudence to be used by a class of students in connection with the lectures by a lawyer on medical jurisprudence is needed.

The recent book published by Appleton & Company and edited by Arthur N. Taylor, of the New York Bar, is well written and goes a long way toward supplying what is needed. Mr. Taylor, in his valuable work, has endeavored, and with success, to teach physicians how to conduct themselves with their patients and with the public from a legal standpoint.

Every student of medicine, whether at a college or in active practice, would do well to read this book carefully and refer to it often.

TRANSACTIONS OF THE OHIO STATE ECLECTIC MEDICAL ASSOCIATION for the year 1900, including the Proceedings of the Thirty-sixth Annual Meeting, held at Columbus, May 15, 16, 17, together with the Reports, Essays, and Papers furnished the several sections. Edited by the Committee on Publication, and published by the Association.

The Publishing Committee, Drs. F. O. Williams and R. B. Taylor, of Columbus, and W. S. Turner, of Waynesfield, have done their work in this instance very well, and the work is away ahead of the usual time. A good picture of the President, Dr. J. H. McElhinney, of New London, O., is the frontispice. The constitution and by-laws, order of business, and code of ethics precede the *Proceedings*. After the latter comes the President's address, then Section work and papers, beginning with Section A. The papers are given in full, and, thanks to the efficiency of Secretary Turner and his wife, the several discussions are given in full, which adds no little to the value of the book generally, as many of the real good things heard in the discussion are set forth in the paper.

A number of excellent papers are found in this volume, notably those of Dr. William Colby Cooper, Professor John Uri Lloyd and Dr. Geo. W. Deem, of Hilliards, O. The last was voted a place of honor in the volume. We are in full accord with the expression of principles and spirit therein set forth. Then, to be wholly consistent, we think the old Code of Ethics, as it appears on page 211, should be placed in the archives, there to mold and furnish food for mica. It has outlived its usefulness, and it can not be revised. Away with it! Altogether, we like the Transactions.

W. E. B.

PANAMA AND THE SIERRAS.—A Doctor's Wonder Days, by G. Frank Lydston, M. D. Illustrated from the author's original photographs. The Riverton Press, Chicago, Ills. Price \$1.75.

A few years ago this reviewer was privileged to bring an admirable work by Dr. Lydston, "Over the Hookah," before the readers of this Journal, and he considers it not less a privilege to again call their attention to a book from the pen of the gifted author.

Panama and the Sierras is an offering that experienced manhood makes to emotional childhood. It is a sympathetic tribute that the man, who goes over scenes which impressed his boyish mind, records at last for the benefit of others.

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This book is both valuable and interesting. It instructs and entertains. Between the preface and the appendix of "Panama and the Sierras," is to be found a mine of information, every page is a source of enjoyment. The scenes depicted are such as travelers meet but do not describe in the rule of thumb method travelers adopt to tell of their experiences. The incidents related are such as might come to all excursionists, could they break away from conventionalities, but which they do not observe because they follow their leader who looks at everything but those things which should be seen. The character descriptions are vivid and portray life and incident such as a thinking man or a responsive boy with open eyes and quickened brain, catch, not such as a professional of man letters, writing far so much a line, either sees, or serves his readers. Beautifully illustrated, this book is interesting from the opening of the preface to the close of the appendix.

And now a word concerning that appendix. It is a bit of satire such as only a physician of brains, of courage, of determination could write. If for no other reason than to get the "appendix" this book should be read by the men confronted by surgical operations in which so far as removal of the appendix is concerned, all are successful, but as a result of which, so far as the owners of the appendix are concerned, most of them die. A courageous man is the surgeon who strikes this fad as does Dr. Lydston. And the admirable manner in which the work is accomplished, leads this reviewer to again state, that the training of the scientist and of the experienced professional man leads to thought which concerns humanity that persons, reared in orthodox literary lines, seem not to meet.

If physicians and scientists continue to give the world the benefit of their mature thought in their own language, a live language, it will be seen that the world values more the substance of a literary production, than it does the so-called literary dressing, and it will be found too, as this book of Dr. Lydston proves, that a professional man may give us both substance and dressing.

J. C. L.

A TREATISE ON MENTAL DISEASE. By Henry J. Berkley, M. D. Illustrated. 8vo, 600 pages, cloth, \$5 00. D. Appleton & Co., New York, publishers.

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Dr. W. C. Hatch, Secretary of the New England Eclectic Medical Publishing Co., of New Sharon, Me., informs me that Prof. Wilder's History of Medicine is now electrotyped, and he hopes to have the work ready for delivery the latter part of May or early in June. The book will contain over 1000 pages, and sells for \$2.75 in cloth.

COLLEGE AND SOCIETY NOTICES.

The Twenty-eighth annual Commencement Exercises of the American Medical College were held at the Y. M. C. A. building, St. Louis, Tuesday, April 2nd.

The 11th annual Commencement Exercises of the Lincoln Medical College were held at the Lincoln Hotel, Friday evening, March 15th.

An interesting program was rendered and the degree was conferred upon twelve graduates. During the year 82 students had been in attendance.

The twenty-second annual meeting of the Tennessee State Eclectic Medical Society will meet in Chattanooga, June 17th, 1901. A night session will be held in order to complete the work of the Society, and attend the National the next day. Every Eclectic who expects to attend the National, is invited to come one day earlier and be present at this meeting. Dr. J. P. Harvill, Secy, 1027 So. Mkt. St. Nashville, Tennessee.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

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COLORADO.—President, Edwin Hungerford, Denver; Secretary, T. W. Miles, Denver. Next meeting at Denver, Sept. 27, 1901.

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MAINE.—President, and Cor. Secretary, Wm. C. Hatch, new Sharon; Vice President, Geo. A. Weeks, Richmond; Rec. Secretary, Henry Reny, Biddeford; Treasurer, T. J. Batchelder, Machias. Next meeting will be held at Peble House, Portland, on May 22 & 23, 1901.

MASSACHUSETTS.—President, Chas. Lloyd, Cambridge; V. President A. L. Pattee, Falmouth; Cor. Secretary, Lydia Ross, Watertown; Rec. Secretary, Pitts E. Howes, Boston; Treasurer, E. E. Spencer, Cambridgeport. Next meeting at Boston, June 6, 1901.

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NEW HAMPSHIRE.—A. D. Muchmore, Plymouth; Secretary and Treasurer, W. H. True, Laconia. Next meeting at Laconia, June 26 and 27, 1901.

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VERMONT.—President, W. F. Templeton, Glover; 1st Vice President, E. A. Smith, Brandon; 2d Vice President, W. E. Bailey, East Craftsbury; 3d Vice President, H. N. Waite, Johnson; Secretary, P. L. Templeton, Montpelier; Treasurer, H. E. Templeton, Montpelier. Next meeting at Montpelier, June 5 and 6, 1901.

WASHINGTON.—President, D. T. Richards, Fall City; 1st Vice President, Frank Brooks, Seattle; 2d Vice President, L. C. Whitford, Seattle; Secretary, R. L. Chase, Edmonds; Treasurer, F. A. Nobles, Seattle. Next meeting at Seattle, Sept. 18, 1901.

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WEST VIRGINIA.—President, Geo. Synder, Weston; Vice President, F. P. Beaumont, New Cumberland; Cor. Secretary, L. S. Riggs, Board Tree; Rec. Secretary & Treasurer, Mary Baron Monroe, Wheeling. Next meeting at Wheeling, May 9, 1901.

PERSONALS.

Dr. George E. Parsons was born in Worcester county, Maryland, June 7th, 1835, and died at his home in Milan, Ind., March 19, 1901. He graduated at the Eclectic Medical Institute in the spring of 1858, and remained in active practice until April, 1900, when he had to give and take his bed, where he suffered patiently until death relieved him.

We regret very much to announce the death of Wm. R. Warner in Philadelphia, April 3rd. Mr. Warner was the head of the well known firm of Wm. R. Warner & Co. His business career, covering a half century, was not only long, but honorable, and his impulses as a man were kind and generous. We feel that his loss will be shared by all who came in contact with him in either trade or social circles.

Died, at Wellston, Mo. Mrs. Diana Miles, wife of Dr. W. E. Miles, E. M. I. '84.

Dr. R. V. Dickey, E. M. I. '99, has been appointed visiting physician to the Lima, Ohio, Hospital.

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JOHN K. SCUDDER, M. D.

MANAGING EDITOR.

Assisted by the Faculty of the Eclectic Medical Institute

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VOL. LXI.

CINCINNATI, JUNE, 1901.

No. 6.

ORIGINAL COMMUNICATIONS.

CORNEAL DISEASES.

By Kent O. Foltz, M. D., Cincinnati, O.

PRI-MARY diseases of the cornea are the most detrimental to vision of any of the external diseases that affect the eye, with the exception of purulent conjunctivitis, when the corneal lesions are secondary. The resulting destruction of corneal tissue is often no greater in purulent conjunctivitis than when the disease is primarily of the cornea. The amount of diminution of vision depends upon several conditions; the location, whether central or peripheral; the depth, whether simply the epithelial structure or Bowman's membrane is implicated; or in the more severe types where perforation occurs with its attendant complications, prolapse of the iris, pyramidal cataract, etc.

The method of treatment in these cases will also have a marked influence on the final results. The use of corrosive chloride of mercury may leave an opacity where otherwise a clear surface would result. Collyria containing lead are extremely liable to leave a precipitate of lead salts in the corneal tissues, producing a permanent opacity.

The deeper and more extensive the morbid process the more cicatricial tissue will be found, which will, if not peripheral, interfere with visual acuity, both through irregular refraction and also the more or less hazy surface remaining.

Diseases of the cornea may be generally classified as epithelial, parenchymatous, and endothelial, depending upon the portion affected, but it is seldom that one portion only is implicated. Epithelial lesions may result from traumatism or from some conjunctival disease. Endothelial types are usually the result of iritic or cyclitic inflammation.

The stroma of the cornea may be affected from either surface, from disease of other structures, or even be idiopathic. Ulcers of the cornea are the most frequent of the epithelial diseases, the classification being arranged, as a rule, to suit the ideas of the writer.

In corneal diseases or keratitis, a more or less constant line of symptoms are present, the intensity of the symptoms depending not only upon the location and extent of the lesion, but also upon the individual.

SYMPTOMS.—Pericorneal Injection.—This is a more or less distinct band, partially or completely surrounding the cornea, and varying in color from a slight redness to a deep red, the width of the zone corresponding to the severity of the disease. This injection is seldom absent. An iritis or cyclitis often develops in a severe case, as well as formation of pus (hypopyon) in the anterior chamber. Diminution of vision. Pain, usually confined to the eyeball, but may extend to the superciliary, temporal, or infra-orbital region. Dread or intolerance of light (photophobia). Increased lachrymation, and often spasmodic closure of the lids (blepharospasm). These symptoms are usually more or less constant.

Phlyctenular Keratitis.—In this form there may be seen single or multiple grayish elevations on the corneal surface, usually peripheral and varying in size, although when multiple they are usually small. When there is but one vesicle, the injection, instead of surrounding the cornea, will be in the adjacent tissue, and is often triangular in outline, the apex being toward the vesicle. The color of the



FIG. 1.—Phlyctenular Keratitis.

vesicle soon changes, becoming yellow, the top breaking down and a superficial ulcer remaining. The subjective symptoms are usually markedly increased in this stage. At times the vesicle may creep towards the center of the cornea, and will be followed by a bundle of blood vessels; this form is called vascular keratitis. Phlyctenular disease of the cornea is found most frequently among scrofulous individuals, or those with a debilitated state of the system.

Purulent or Deep Ulcers.—In these cases the excavation may be round or irregular, and the tendency is to perforation. The ulcer is surrounded by an area of yellowish infiltration, iritis is often a complication, and hypopyon is not infrequently found in this class. This form of ulcer may be the result of any injury to the cornea, a foreign body, or from a severe type of conjunctivitis. The supra-orbital region is the seat of considerable pain.

Infecting or Sloughing Ulcer.—This is a form which is not infrequent in elderly persons with faulty nutrition, and may start from

very slight traumatisms of the cornea. The disease spreads and there is lack of reparative vessels to the ulcer. Iritis and hypopyon are also frequent complications.

Hypopyon.—This is a collection of pus in the anterior chamber, and may result from almost any form of corneal ulcer. The amount of pus varies; it may be but a slender thread lying at the bottom of the anterior chamber, or there may be nearly enough to fill the anterior chamber with purulent material. This combination of pus and corneal ulcer is called hypopyon keratitis.

Abscess of the Cornea.—In this disease there is purulent infiltration of the deeper corneal layers, the epithelium over the lesion in the earlier stages being unbroken, but may be prominent; in the latter stages it becomes discolored, and is slightly shrunken. A haziness surrounds the morbid point; hypopyon is probably always present; aqueous turbid and iritic changes are found. The subjective symptoms usually present in other corneal lesions may be absent. Complete perforation may occur, or resolution of the morbid process result. It is often difficult to ascribe any cause. A tubercular condition, the cornea being the point of infection, according to some writers, is the cause. It has also been found during or following scarlet fever, measles, typhoid fever, small-pox, or any of the excessively exhausting diseases.

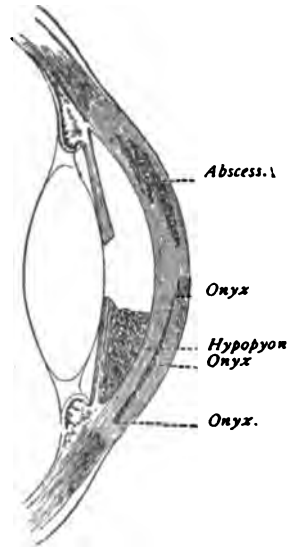


FIG. 2.—Hypopyon and Abscess of the Cornea.

PROGNOSIS OF CORNEAL ULCERS.—This depends upon location, amount of tissue involved, physical condition of the patient, and also the time the disease is seen. It is rarely that there will not be some irregularity of the corneal surface, with more or less opacity. When the lesion is near the center of the cornea the reduction of vision is usually considerable. Recurrence of the disease must be borne in mind.

TREATMENT—LOCAL.—When the lesion is near the center of the cornea, either a solution of sulphate of atropine or hydrobromate of scopolamine should be used, producing complete mydriasis. The latter drug does not so often produce conjunctival disturbances as the solution of atropine. If the ulcer is peripheral, a solution of sulphate of eserine, unless iritic complications are present or threatened, when the mydriatic should be used once or twice a day, usually morning and night, and the solution of eserine two or three times during the

day. For cleansing the eye, the solution of boric acid of the strength of 3ij to a pint of water, is probably the most convenient and best that can be employed. At times also the use of the following collyrium will afford considerable relief to the patient, as well as relieving conjunctival complications.

R—Morphine sulphate, gr. j to ij; Lloyd's hydrastis, fl3ss; solution of boric acid, q. s. fl3iv. M. Ft. collyrium. Sig. Two drops in the eye every two or three hours after the eye has been thoroughly cleansed with the boric acid solution. The action of cocaine on the epithelium is such that it should never be prescribed in these cases.

For treating the ulcer at the office, either curetting, the application of a solution of nitrate of silver, tincture of iodine, or carbolic acid, cocaine of course would have to be employed, but otherwise should not be used. In making applications of nitrate of silver the solution employed should not be stronger than five per cent. The tincture of iodine is used full strength, and carbolic acid also in full strength solution. Care must be exercised in the use of these drugs that there is not an excess of the preparation on the instrument, which would spread to the surrounding tissue. The action should be confined entirely to the seat of the lesion.

If considerable conjunctivitis is present in these corneal cases, the conjunctival surface of the lids may be lightly brushed with a one-per-cent. solution of nitrate of silver; this will often relieve the conjunctival trouble. The bowels should be kept in good condition, they should move at least twice a day. After the acute stage of ulceration has subsided, and the subacute or chronic stage has set in, local stimulation should be resorted to. Yellow oxide of mercury ointment, strength gr. ss to ij, is a favorite with many, but is too irritating in a large number of cases, especially among persons of fair complexions, light hair and eyes. Dusting finely powdered calomel over the cornea has given good results in some instances; this should not be used if the patient is taking iodide of potassium. Boric acid in powder, dusting it over the cornea, has given better results in my hands than any other drug. In some few cases aristol or iodoform will give good results. Any of these powders must be in as fine a state of subdivision as possible, but hard and fixed rules for their use can not be given, as what will act kindly in one case will produce irritation in another. After the powder has been dusted over the cornea, gentle massage of the cornea through the lid should be employed. The best method of applying powder is to twist a wisp of cotton on the end of a cotton carrier in such a manner as to make a brush; this dipped into the powder will hold enough so that by striking the carrier with the finger the powder will be lightly dusted over the corneal surface.

Paracentesis of the cornea may have to be performed in some cases, especially where there is danger of perforation, or the intra-ocular tension is considerably increased. In some few cases a bandage may

be necessary, but as a general thing it does more mischief than good, as the secretions are retained beneath the lids, and more maceration of the corneal tissues is liable to result. If perforation should occur, the use of a solution of atropine or eserine, according to the location of the perforation, should be used persistently. If seen soon after perforation occurs, the prolapsed iris should be replaced, but if any force is required for the manipulation, it is better to leave it alone. In these cases the carefully adjusted compress bandage should be used, and the patient kept in the recumbent position. In most instances staphyloma will result where there is much destruction of corneal tissue, no matter what precautions are taken for its prevention.



FIG. 3: Staphyloma of the Cornea.

Interstitial Keratitis.—This disease, as a rule, is the result of hereditary syphilis and is most frequently seen between the ages of five and fifteen. In some cases it has resulted from acquired syphilis. Among other causes of this condition may be mentioned scrofula, rheumatism, and gout; perverted nutrition may also be an exciting cause.

In the female the disease appears to be aggravated at the approach of puberty, but later the condition often improves. In this disease there is a hazy appearance of the entire cornea, ulceration is seldom present and vascularization which may be superficial or deep is always present.

SYMPTOMS.—The early symptoms are slight ciliary congestion and lachrymation, which is soon followed by a slight cloudiness near the center of the cornea as a rule. Examination of the cornea by oblique illumination will show this haziness to be in the stroma of the cornea, and not on either the anterior or posterior surfaces. The commencing haziness may be near the periphery of the cornea instead of the center, but the resulting invasion of tissue is similar, the haziness spreading until the entire corneal structure is affected, and sometimes this haziness is so dense that a careful examination of the iris is impossible. The "ground glass appearance" is characteristic. A careful examination will show that the haziness is not uniform as a rule, but spots of deeper infiltration may be seen. Pain and dread of light are usually present, but may not be extremely marked. Blood vessels may be distinguished in the cornea, often producing a dull red color. These vessels are derived from the ciliary vessels.

In strumous cases which are also syphilitic, there may be much more nervous irritability, and the photophobia is generally much increased. Ulceration does not often occur in these cases, but iritis is frequently a complication. The ciliary region may also be involved.

Occasionally secondary glaucoma results as well as shrinking of the eyeball. The deeper structures of the eye may be involved, disseminated choroiditis, retinitis, retinal hemorrhages or optic neuritis resulting.

The general appearance of the patient will lead to correct diagnosis in these cases often when no amount of questioning will elicit information. The patient will usually be dwarfed in stature, skin coarse and flabby, bridge of the nose sunken, scars at angle of nose and mouth, mal-formed permanent teeth, the central incisors having vertically notched edges (Hutchinson's teeth). The lymphatic glands of the neck are enlarged, but hard and painless, and comparatively small in size, with no tendency to suppuration as in simple scrofulous individuals; impaired hearing; cicatrization of the pharynx; chronic periostitis of the tibia; synovitis of the knee joint. These all are marks of the specific taint.

The diagnosis of this condition is seldom difficult if the different symptoms given are noted.

PROGNOSIS.—This as a rule is unfavorable. Both eyes generally becoming affected, and a return to the normal transparency of the tissues seldom if ever occurs. Relapses are the rule, no matter what treatment or care is taken. The disease may be from three months to three years in developing, but either of these extremes is exceptional. When clearing eventually commences it is at the periphery and extends towards the center of the cornea. More or less irregularity or haziness results however. A change of the deeper structures often occurs.

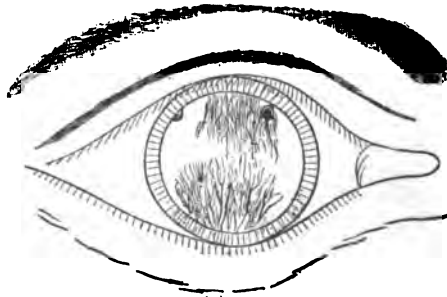


FIG. 4: Formation of Vessels in the Cornea after Interstitial Keratitis.

TREATMENT.—Good hygiene is of prime importance. Irritating applications or lotions are especially detrimental. When a view of the iris cannot be obtained on account of the haziness of the cornea, atropine should be used once or twice a day, as by this method iritic complications may be prevented, but attention to the tension of the eyeball cannot be neglected, as an increase may be a signal of commencing glaucoma. If this occurs, eserine will have to be employed. Shading the eyes from bright light is advisable, but keeping the patient in the dark is not a good plan, as a moderate amount of light is beneficial.

As a collyrium, hydrastis and morphine solution already spoken of will usually prove acceptable to the patient. After clearing commences, massage of the cornea and also irrigation with water at a temperature of 108 to 116° may be beneficial.

In specific cases the internal administration of chloride of gold and sodium in 1-200 to 1-100 gr. doses. Specific iris versicolor in gtt. ss to j, with the small indurated glands. Iodide of potassium in these cases must be given in small doses, as otherwise it is not well borne by the patient. In the rare cases of the disease due to acquired syphilis the full doses are needed. In active inflammatory action without this specific history, the use of corrosive chloride of mercury or red iodide of mercury 1-200 to 1-100 gr. will be better treatment than the potassium. Small doses of sp. aconite should also be employed. Sp. phytolacca in cases having scrofulous complications. Liquor potassii arsenitis, gtt. $\frac{1}{4}$ to $\frac{1}{2}$, or sulphide of calcium 1-100 gr. will be better treatment than the gold or potassium unless the two taints are present. Sp. jaborandi in gtt. $\frac{1}{4}$ to 1, after resolution has commenced, will be found to promote absorption. With a rheumatic tendency, motion increasing the pain, sp. bryonia gtt. $\frac{1}{4}$ to $\frac{1}{2}$. When quiet increases the pain, sp. rhus tox. gtt. 1-15 to 1-10. Where there is a tenacious secretion, or resolution has commenced, the use of bichromate of potassium will be found especially beneficial.

Remember in all cases where any remedy is indicated, that remedy will be beneficial, even if it is not supposed to be directed especially to the eye itself. A very important item is to keep the bowels in good condition, especially when atropine is being used, as constipation nearly always results when this drug is employed.

SKIN DISEASES—TREATMENT.

By E. H. Moore, M. D., Rew City, Pa.

[Continued from page 250.]

OINTMENTS:—Vaseline and cosmoline are generally used for the base of ointments, owing to their cheapness and keeping qualities; but while they are safe from decomposition, they are not absorbed by the skin, and thus make medicines inert that are mixed with them. Anhydrous lanoline is the best known base. It is neutral, non-irritating, and will absorb its weight of water, or liquid medicine; but it is of a sticky consistency, and serves a better purpose if about thirty percent. of some other animal fat is added. It is more readily absorbed by the skin than any other fatty substance, but like other animal fats, will become rancid. This, however, may be overcome by the addition of a little benzoin, or beta-naphthol. Lard or suet is cheap, always on hand, and will answer for a base. To increase the firmness of ointments, add a little white wax.

Epidermin, as prepared by Dr. Kohn, while not in reality a true ointment, serves the double purpose of holding medicines in contact

with the skin, protecting the parts. This will answer a good purpose in many diseases, and especially in herpes zoster. It is prepared as follows:—Melt one ounce of white wax, triturate with it, in a warm mortar until homogeneous, one ounce of powdered gum arabic, to which add half an ounce each of a boiling mixture of water and glycerine, and stir until cold. This is a creamy substance which soon dries on the skin, forming a tenacious and elastic coating. The action of an ointment is entirely dependent on its incorporated ingredients. The medicinal properties used are essentially the same as those used in lotions. Ointments are one of the best means of applying medicine to the skin. They soften and hold medicines in contact with it and assist in removing crusts and scales. Through the means of their absorbability, medicines may be carried into the skin and subcutaneous tissues. In making ointments, the medicines must be thoroughly and evenly mixed with the base.

OLEATES:—“Oleic acid combines with the metallic oxides to form oleates” (Lloyd). Oleates are produced in the form of powder. They are used to considerable advantage in the treatment of skin diseases. Their action accords with that of the metal used. The most useful among which are mercury, lead, silver, iron, zinc, copper, arsenic and bismuth.

PLASTERS are used in the treatment of skin diseases, to hold medicines in contact with the diseased surface, for compression and for protection. “They are composed chiefly of the oleate of lead, or resinous substances” (Felter). Simple adhesive plaster may be used, or they may be saturated with any remedy fulfilling the indications.

ESCHAROTICS destroy tissue with which they come in contact. They are useful for the destruction of morbid growths. The mineral acids, caustic potash and nitrate of silver are sufficient from which to choose. Arsenic appears to act more readily on morbid growths than on healthy tissue. These remedies may be used pure, or in the form of pastes, great care in their use always being necessary.

LOCAL ANESTHESIA may be produced for minor operations on the skin, to relieve pain, or to allay intolerable itching. The ether spray, chloroform lotion, or the injection of a weak solution of cocaine, eucaine, morphia, or a combination of carbolic acid and creosote, into the skin.

INTERNAL TREATMENT:—Internal or constitutional treatment should be directed to the building up and conservation of the living tissues and vital forces of the body; with the object of reinforcing its power to resist disease. Symptoms may be looked upon as nature's distress call, asking for help in certain lines where its fortifications are becoming imperiled. Medicines are only materials furnished to nature, with which to strengthen the life forces, and when nature ceases to resist disease, the physician's usefulness is at an end. Only a limited number of the many remedies that may, under one condition or another, be called for in the treatment of skin diseases, will be mentioned

here. While some of the remedies may serve, owing to the different action they have, through the change in the size of dosage, under any of the conditions, I will use the rule of "excess, defect and perversion," for their classification. For excess in temperature, circulation, and nervous energy, especially in the acute febrile diseases, some of the following remedies will likely be indicated.

Aconite for the small, frequent pulse, with increase of temperature. Belladonna is indicated by dullness of intellect, tendency to sleep, coma, dilated pupils, coldness of skin and extremities, and when the mucous membranes of the throat are of a bright red color. Bryonia for sharp, lancinating pain, as in herpes zoster. Chionanthus, pain in the region of the gall bladder, useful in acute, or catarrhal jaundice. Eupatorium, hot, dry, constricted skin, with scanty, milky urine. Chlorate of potassium is a good antiseptic and is indicated by fetid breath and septic conditions. Veratrum, for the full, frequent pulse, increased temperature and inflammatory conditions generally. Apis is indicated for itching and burning of the skin, resulting from urinary derangements. Rhus Tox., by a burning sensation of the skin, accompanied by pain over the left orbit and prominent papillæ on the tongue. It is often indicated in vesicular eruptions.

Defect may consist of a subnormal temperature, and circulation, reduced nervous force and general sluggishness of functional activity. A small number of remedies, suitable to these conditions, may be mentioned with advantage. Arsenic (Fowler's solution), for dry, inelastic skin, scaly condition of the corneous layer and tendency to morbid growths. Berberis, alone, or combined with the foregoing, for the same indications. Sulphide of calcium, 2x, for suppuration of cellular tissue, for boils, foul ulcers, etc. Chalk, same indications as sulphide calcium. Colchicum, for pain following the course of a nerve. Ergot is a good stimulant to the capillary circulation and may be deserving of consideration in the treatment of psoriasis. Salvia for inactivity of the skin, night sweats, sweaty and cold feet. Saracenia powerfully antidotes the poison of contagious diseases, such as smallpox, measles, lepra and syphilis. Its action is principally through the kidneys, carrying the poison off by an increased flow of urine. Serpentaria increases the secretions of the skin and relieves constricted sensations of the body, caused by the skin's inactivity.

Perversion is a wrong of the functional activity, resulting in the production or retention of abnormal products, and a decrease or entire absence of some of those which are normal. Under this head, blood makers, tonics and alteratives find their usefulness. Alnus is indicated to improve nutrition and carry off the worn out materials of the body. Echinacea is an alterative for syphilitic sores. Chloride of iron, for dark red inflammatory conditions of the skin, and dark red mucous membrane. Galium, for nodulated growths and cacoplastic deposits in the skin. Iodide of potassium, for the leaden colored tongue, and

slow-healing sores about the nose and corners of the mouth. Sambucus can., full tissues, indolent ulcers and serous discharge. Thuja, syphilitic conditions, ulcers and warty growths. Acids and alkalies should be used when plainly indicated. Morphia or chloral may be required to produce sleep, when unrest is occasioned by pain or nervousness.

A few words may not be out of place concerning the remedies that have been recommended in this paper. As is well known, so many different makes and so many different drugs are on the market as to make it essential that a physician in writing a paper should specify the particular remedies he prefers in order that those who follow the lines can do so understandingly. The Fowler's solution mentioned is a solution of arsenite of potassium, according to the Pharmacopoeia of the United States. The sulphide of calcium, 2d trituration, is prepared from calcium sulphide made into the second trituration according to the decimal system, by means of sugar of milk. Sulphide of calcium will not keep indefinitely on exposure to the air, and this preparation must not only be kept in well stopped bottles, but should be replaced occasionally even at the expense of throwing away the old compound, and never should an old lot be mixed with a new lot. The chlorate of potassium is the official crystallized salt. This compound does not change in quality by exposure to the air, but as is well known, it should not be powdered after being mixed with any substance that burns. The persons who have listened to Prof. Lloyd's lectures concerning explosives and oxidizers will never forget such incompatibles as produce explosions. The organic remedies, Aconite, Belladonna, Bryonia, Chionanthus, Eupatorium, Veratrum, Apis, Rhus Tox., Berberis, Ergot, Echinacea and Thuja, are Lloyd Brothers' Specific Medicines. There is no necessity of calling particular attention to these preparations, as they are too well known to require individual comment. It might be well however to state, that persons accustomed to the use of indifferent preparations of such energetic drugs as Aconite, Belladonna, Rhus Tox., Veratrum, etc., must be careful in changing to the preparations I recommend and not overdose the patient. These Specific Medicines being very light in color and very energetic are apt to lead a physician accustomed to commercial fluid extracts to misjudge their accuracy and overdose their patients. Be very careful especially with aconite.

CRATÆGUS AND CONVALLARIA IN DROPSY.*

By THOS. S. BOWLES, M. D., Harrison, O.

IT is not my intention to try to write anything new about dropsy or its medical treatment, or in any way to instruct the Association in regard to the use of the remedy, cratægus oxycanthus, but mainly because I was anxious to hear what the Association might have to

* Read before the Cincinnati Eclectic Medical Society, March 1, 1901.

suggest in regard to the treatment of this much dreaded disease, or rather I should say symptom.

The case reported seemed to be a perfectly hopeless one, inasmuch as during the five months she was under my care she was visited and thoroughly examined by three other physicians, and pronounced incurable. About the 12th of last March, I was called to see a Mr. D., who had a slight attack of lagrippe, and while I was at the house his wife, a lady of about 50 years of age, complained to me that her feet and ankles were swollen, and asked me if I knew what was the matter. An examination showed an oedematous condition of both feet and ankles. I told her the condition looked very much like she might be dropsical, and left some apocynum. The man being only slightly indisposed, my visits ceased at that time, and I heard no more from the lady until the morning of April 22d when I was sent for to come in a hurry, the messenger stating to my wife that Mrs. D. had been stricken with paralysis. At that moment I was seven miles from home, and my wife advised the man to call another physician if he really thought she was in a serious condition, as I might not be home for several hours.

I was sent for again in about ten days time, and from this time on for a period of five months she was my patient, and during that time held consultations with others. At the time I took charge of the case the limbs were swollen to a remarkable degree. The paralytic stroke was hardly worth mentioning. I found a feebly acting heart without rhythm and force; no murmurs were heard, and owing to the fleshy condition of the patient, I was unable to fully determine whether or not there was dilatation, but believed that there was. It was impossible to determine the first from the second, and when the ear was placed over the apex no regularity of rhythm was ever heard, only a prolonged sound that was followed by three or four others in quick succession, each growing shorter in duration and feebler in force then came a pause, and in the suspense you almost wondered when the next sound would be heard, and when it did occur, it was only a repetition of the preceding abnormal sounds. Lungs were good, but respiration was difficult and laborious, and the patient soon became so dyspnoeic that she was unable to lie down, and she sat up night after night by a table, and reclining forward rested with her head and arms upon a pillow lying on the table. In this manner she procured snatches of sleep, and possibly for a period of over three months never stayed in bed an entire night.

The stomach was in fairly good condition, and sufficient nourishment could be taken. The enlargement of the liver was apparent; the kidneys were almost suppressed in their action, and an analysis of the urine resulted in albumin.

In about 30 days the dropsical condition extended to the waist line, and the abdomen began to distend, and it was quite evident that ascites was now present. By the end of another month the hands and

face were puffed and eyelids oedematous, lips blue; an occasional smothering spell; fear of impending danger; an intense erysipelatous reddening, burning and itching of the lower extremities below the knees set in, causing intense suffering and distress. The abdomen seemed full to the umbilicus, and was so distended that the breathing became more and more difficult, and the heart's action feebler; and the distension became so great that the abdomen rested well forward on the thighs, and at almost every visit the patient begged to be tapped; but owing to the extreme heat of July and August, and the great thickness of the fatty abdominal wall, I positively refused to comply with the request.

By the end of the third month the over-distended cuticle of the lower limbs ruptured, and several little ulcerations appeared, out of which the dropsical effusion steadily oozed, affording much relief. The tissues adjacent to the ulcers became necrosed, black and green in color, and further distant purplish and fiery red.

TREATMENT.—During the first month I administered *sp. digitalis* and *apocynum*, alternated with *nux*, *lobelia*, and other remedies indicated at time of each visit; bowels were kept open with Epsom salts and cream of tartar. By the second month the use of an active cathartic tablet became necessary to assist the action of the sulphate of magnesia.

About this time I put her on the use of *sp. cratægus* in 15 drop doses four times a day, and in a few days the patient felt more comfortable, and the heart's action seemed stronger, but the diminished rhythm still continued. Small doses of *elaterium* were added to the treatment and given with the cathartics. It was about the second month that the first consultation was held. An allopath was called in, and resulted in continuing the treatment.

By the third month she was taking enormous doses of Epsom salts, which soon became so offensive to the stomach that it was deemed best to discontinue the use of that drug. During this month another physician, an older Eclectic, was called in to consult. He recommended the continued use of *cratægus* and *elaterium*, and expressed himself as believing the case hopeless. I asked him about hydragogue cathartics that might be used, and asked him if *jalap* and *senna* would answer. We decided to push this remedy to the full extent of her ability to stand its harsh action. It was administered in the form of the compound powder, an infusion being made and given every two hours until hydragogue action was produced. The dose was about a heaping teaspoonful of the powder, over which was poured four ounces of hot water. After a few days she was passing from a gallon to a gallon and a half of water per day from the bowels, and the ascites began to slowly disappear.

The second consultation with the Eclectic was held two or three weeks later, and he decided that the size of the abdomen was somewhat reduced, and suggested that the *jalap* and *senna* be continued,

using them less frequently but very persistently. He then suggested the use of convallaria in combination with the cratægus. A drachm of *sp. convallaria* was combined with an ounce of *cratægus*, and given in 15 to 20 drop doses every four hours. From this time on improvement set in and continued steadily. Under the influence of the convallaria, the heart took on an entirely different action. In three or four days the rhythm became regular, force increased, action stronger, first and second sounds recognizable and in proper relation with each other. With the improvement in the condition of the heart the kidneys resumed their functions and became quite active, which was aided by a citrate of lithia tablet, 3 grains in a glass of water three times a day, and a prescription taken from Scudder's Practice, composed of acetate of potassium, ʒss; sweet spirits nitre, tinct. juniper, aa. ʒj; aqua, ʒij. M. A teaspoonful four times a day.

So much water was now passing that the jalap and senna was discontinued or used only occasionally; no other internal remedies were now used and recovery progressed steadily until Sept. 25th, when I discontinued my visits. At this time she could lie in bed all night and resumed light household duties. I advised her to still continue the *cratægus* and convallaria and diuretic with the lithia tablets for some time to come. The ulcers were readily healed by washing them with peroxide of hydrogen, and a wash of carbolic acid and glycerine, followed by applications of unguentine to relieve the dryness and irritation. The burning and itching of the distended limbs was relieved by applications of tinct. of iron and glycerine similar to its use in erysipelas.

I called on the lady a few days ago to ascertain her condition and found no dropsical symptoms present and heart and kidneys acting in a normal manner; she informed me she is still using *cratægus* without the convallaria, and says she will swear by that medicine. I believe that the *cratægus* sustained the power of the heart during her weakest period, and that the addition of convallaria corrected the disordered system so that the circulation became once more normally propelled throughout the system, causing activity to be resumed in the kidneys and the rapid disappearance of the dropsical effusion.

GERANIUM MACULATUM.

By A. B. Woodward, M. D., Tunkhannock, Pa.

THIS is an article which I prize very highly as a remedy for certain conditions, and which I hold in high esteem because it saved my life.

In the fall of 1862 I came from the army with a bad diarrhea and chills, which soon assumed a typhoid condition, and I was obliged after a few days to keep my bed. Of course many of my friend doctors made me very frequent calls. I had given the young man who was then studying with me strict orders to give me only what I gave him

orders to give. But, by frightening my wife, one of the doctors persuaded her to give me a dose of calomel in place of one of the diaphoretic powders which I had ordered given. That fixed me! In due time I had a severe hemorrhage from the bowels and soon bled blind. There happened to be a vial in my pill bags in the room containing tincture geranium. I requested the young man mentioned to put the contents of the vial, about 2 oz, in one half pint of milk and water and throw up the rectum, which was quickly done; after which there was no more hemorrhage but a retarded convalescence, with the evil effects of one dose of calomel.

Since my own case, in which I considered it my savior, I have used it in many similar cases and have never been disappointed in its true mission—that of a *remedy* in hemorrhage from bowels.

Another case, that of a reverend gentleman. Typhoid fever with hemorrhage from bowels, a similar case to my own. Had been treated eight days with mercurial treatment. When I was called found he had a bad diarrhea which had been on him for two weeks or more and had prostrated him severely.

Hemorrhage from the bowels soon took place, with a blood clot as large as a small hat, followed with passive hemorrhage. Ordered nurse to add two ounces of tincture geranium to one half pint of milk and water and use as an enema at once in rectum, and notwithstanding the frequent discharges of blood, there was no more hemorrhage after the geranium injection and the patient made a slow but final recovery after suffering the effects of mercury, as did myself, loss of a good set of teeth, etc.

CASE OF EPISTAXIS.—Young lady about seventeen years of age. Had been bleeding from both nostrils until seemingly bloodless. Everything had been done by both doctors and neighbors without the least benefit, the hemorrhage still continuing.

When called I first removed all plugging and other appliances which had been made. Then to a goblet of water added an ounce of tincture of geranium, and ordered a teaspoonful given every half hour; also added an ounce of the tincture to two-thirds of a goblet of warm water, and with a small syringe injected a drachm of the liquid into each nostril slowly, to be repeated every half hour until the bleeding checked. Called on patient next day and found she had improved greatly.

Prepared a new recruit of same remedy to be continued same way and ordered milk punch to be given every two hours in moderate quantities. Next day when I called the bleeding had entirely ceased and strength returning. Would state that the monthlies had nothing to do with the case.

I could relate many similar circumstances of the specific action of tincture of geranium over certain kinds of hemorrhage, especially from atony of mucous membrane and of hemorrhage from bowels in cases of fevers.

Another case I will mention : Case of purpura hemorrhagica after typhoid fever and pneumonia. Mucous membranes were completely studded with blood blisters. Case considered hopeless. But a thorough use of the remedy proved to be his savior. The blood blisters not only covered the internal but also the external skin, the hemorrhage from bowels at times profuse.

In summer diarrhea, in relaxed, atonic or enfeebled condition of mucous membranes of stomach and bowels in either youth or old age it is specific in its action. In such cases bruise the green root—if in season—steep and add sugar and cream and drink often.

This form of preparation is superior for children in summer diarrhea, acting as a normal tonic, without any other aid except reasonable milk diet.

For diarrhea in tuberculosis it is superior to any other remedy. In cases of weakness and relaxation of vagina, enemas of geranium retained, will give normal tone and vigor to that organ. But it will not prove efficient in passive hemorrhage from uterus when tincture of ferri is the remedy.

Question.—How does it act so promptly in cases of hemorrhage of Peyer's glands in fevers? I answer, by absorption, perhaps sympathy on both.

It makes a pleasant coffee, treated with cream and sugar, which children do not object to taking, and which serves as both food and the required medicine for all summer complaints of children, proving to be the remedy for such complaints without any nauseating effects whatever; in fact I have never seen a child object to taking it especially in the coffee form, and no sickening effects in the first case. To me, the plant and flowers appear beautiful; I truly admire them.

ECHAFOLTA FOR BURNS.

By W. F. Smith, M. D., Bippus, Ind.

MISS G., a milliner, on the evening of Nov. 8, 1900, while working at a table over which hung a kerosene lamp, the fastening of which was insecure, was burned on her face and hands by the burning oil thrown on her by the fall of the lamp on the table. Her hands and wrists were burned one inch above the carpal bones. The entire face, including forehead and neck were burned; outer skirts being burned off before the fire was extinguished, the thigh was burned the entire circumference. By wringing her hands with the agony of pain, the skin of the entire palmar surface was loosened and hung in shreds. The end of the nose and chin, and dorsum of hands, were burned below the dermis.

I gave hypodermic injection of morphine for pain; applied linseed oil and lime water, and covered with oiled silk. On the fourth day

sloughing began, and I then better realized with what I had to contend. I also found the depth of burns greater than I expected. The patient had œdema of lungs from inhaling the flames; she was gasping for breath. I dressed and cleansed the wounds, and prepared a solution of echafolta, 3vj to water sterilized gallon ss, and directed it to be applied every two hours to face and hands. Relief of pain was magical. I gave echafolta internally to overcome septic condition, and by keeping that in control the fever was kept at a low point. I applied to chest for œdema: R—Sulphate quinine, chloral hydrate, menthol, gum camphor, *aa.* 3j ; lanoline, petroleum, *aa.* 3j . M. Apply to chest on muslin.

After the healing process began I used non alcoholic calendula with echafolta externally. At the appearance of œdema of the lungs and chest, I called for counsel, not that I felt that I needed help, for I thought I had done the best, and think so yet, but to share the burden. I felt that in 24 hours she might not need help in this world. My counsel proved to be a homeopathic brother with eclectic leaning. He approved of my application and mode of handling to a dot. As to internal treatment we agreed, but he said it would be a miracle if she lived. He could not see how she could. Her home was only a square from my residence. I watched the case closely, and in 24 hours after making the chest application, my patient's condition was more favorable. In two weeks after the accident I had a brother M. D. assisting me in a surgical operation; so while at my place I invited him too see the patient dressed. He thought she would not survive, but I had been with the case, and thought differently. The lady is trimming hats to-day. She can use her hands quite well. There is no puckering or drawing of skin on the face or hands; some cicatricial tissue on the chin.

At two different times during the treatment I ran out of echafolta, and had to send to Chicago for some. At these times I made other applications; the patient would have great pain, and constantly called for the application which she said relieved her so much. During the sloughing time I tried to discontinue the internal use of echafolta, but each time the temperature rose to 102 and 103°. By giving echafolta for septic conditions, combined with hyoscyamus for nervousness, the temperature would drop to 88½ or 99°. For excessive budding I touched with lunar caustic, and used compression at points.

I have used echafolta in the past for minor burns, and I am satisfied there is nothing better after the sloughing state begins. It promotes healing by stimulation, and is strongly antiseptic. It also keeps wound in clean, healthy condition.

HYDRO-CARBONS AND THEIR NITROGEN COMPOUNDS.***The Role they Play in Animal and Vegetable Organisms.**

By J. A. Jeancon, M. D., Newport, Ky.

THROUGHOUT the realms of living entities, the association of carbon, hydrogen, nitrogen and phosphorus, with potassa, soda, iron, and occasionally manganese, in their composition, indicates their original co existence as necessary compounds of vitality. Under whatever form the molecules may now appear, we can be certain that they manifest themselves at one time or another with the characteristic signs of life. Inert and dead as a piece of anthracite coal may look, it was once endowed with life. We see then why, at present, after the many thousands of changes Mother Earth has undergone during the phases of her existence, there are the same natural associations of the molecules of the elements just named in coherent elementary groups.

The differentiation of chemistry into organic and inorganic, is only a fictitious division, gotten up for the purpose of study. Essentially it can be said that at one time or other there must have been a homogeneity of the elements constituting the earth's crust, until some catastrophe befell it, grouping the molecules differentially according to their natural affinity. Geology tells the tale, and almost gives us the history of the catastrophe.

The study of hydrocarbons in the last thirty years has gradually revealed, not only the several phases of the history of the earth from its primeval chaotic state to the last superficial modifications, but has also given some insight into the many changes which its surrounding atmosphere has also undergone, making it possible for air-breathing creatures to maintain themselves and prevent annihilation, by means of the elasticity of the atmosphere in its ever changing moods. The simple mechanical changes of its pressure modify its power of absorption and retention of moisture, thus regulating the meteoric conditions in the air and on the land. Aquatic animals do not have to experience the great changes of the air pressure which land animals and plants have to undergo.

We get a very good idea of the magnitude of the active forces set free by the atmospheric changes, when we learn that the cooling of the earth's crust by this precipitation converted the arctic seas into immense glacial continents, and covered their surface with the remains of tropical vegetations, and with the debris which now constitutes the vast coal measures and extinct flora and fauna contained in the basin of the old arctic sea bottom.

When the newly formed Jurassic lime-stone emerged from the seas in European continents and in Central America, and raised their multiferous heads from the abyss of the volcanoes still in a state of activity, then they prepared for our Uncle Samuel large bunches of real

* Read before the Cincinnati Eclectic Medical Society, March 1, 1901.

estate in the Hawaiian peaks, the numberless points of the Sierras, as well as the surface of the Carribean archipelago. The Gulf of California became the double of the Red Sea, with the State and Gulf of Mexico on its eastern side.

Speaking of the immense coal measures on the earth's surface, one can not help being reminded of their now becoming the unconscious agents of the so called modern civilization in bringing about transformations by the use of dynamite and land robbing. This topic reminds one of poor old Christopher Columbus, who in the days of his triumphal achievement of the discovery of a new continent, never dreamed of how soon the rascally Amerigo Vespucci would rob him not only of fame but also of the name he gave to the new world. It was during a banquet given in honor of the real navigator, that a priest present at the feast called Columbus a vain and boasting fellow, a man who always speaks about his discovery of the island of Diango Japan. That same man, Columbus, underwent the martyrdom usually allotted by fate to all great benefactors of mankind. He certainly never anticipated that a few centuries after his death, the nation whose name was associated with the great event of his discovery would become impoverished and a prey to all sorts of human baseness. But so it is ever in the world.

The plant of *Gossypium vulgare* and its hydrocarbon product, in combination with nitrogen, the most powerful combination there is, has become the god of the world. "Might makes right," said the great Italian, Machivelli.

The effect of hydrocarbon products upon animals and their tissues varies according to the nature of the substances with which they are chemically or even physically combined. Thus all hydrocarbon compounds united with nitrogen, especially such as are easily reduced by hydrogen, constitute most powerful agencies, and are direct poisons to the body. But when united with hydrogen and not easily reduced by nitrogen, they are not only not poisonous, but on the contrary the most beneficial. Such we find in the vast number of food substances. Albuminates of all classes form the great group of nutrient plants. They form the basis of nutrition of all animal life. Plant life also depends on the construction and maintenance of the equilibrium of components of carbohydrates. During certain periods of the growth and development of plants, the bases of the genuses and species are slowly gathered and disseminated in the soil, where they can develop into new life, for plant life depends especially on the stability of its local provision for nutrition. Animal life, depending less on such stability, is capable of a greater range of tissue changes, and is therefore better fitted for higher forms of existence.

The action of hydrocarbons upon the animal body varies with the amount of hydrogen it is capable of setting free and of combining with other constituents of the body, and the re-action of the nascent molecule upon it. Thus, for instance, alkalies and their compounds,

when they decompose the bodily salts, react very powerfully upon the tissues and become clearly toxic. Most mineral acids, and especially the glucosides and kindred substances, in entering the bodily tissues, setting the hydrogen of the structures easily free, do not react so powerfully upon them, and are therefore less toxic, in fact even remedial.

The primary effect of hydrocarbons upon animal substances are: first, increase of local activity in the circulation, with subsequent more or less decrease, often amounting to total paralysis of vascular activity, though the latter is only temporary. The circulatory effect, however, can be well regulated, according to the specific quality of the other components of the hydrocarbon. The latter effects have as yet not been properly described in medical literature.

Strange enough, the effect is not so much noticeable upon the patient as upon the physician himself. I will name both forms of the affection: they are anthracomania and anthracophobia. Anthrax in Greek means coal, any kind of coal or carbon. Hydro-anthrax would then correspond to aqua carbonica. The history of the disease is strange, yet true.

Some years ago, when the German chemists found that they had a good thing in the manufacture and sale of their coal-tar products, they commenced to preach and practice the doctrine of hydrocarbon panaceas. They produced and shipped to this and other countries, first, "kairin." It killed many and cured few, and was replaced by antifebrin. Many practitioners sang the praises of this drug for a while, and then it was found that it too killed more than it cured. The hydrocarbon spell was broken, and they all gave way to a new set of coal-tar products, phenacetin and a number of other congeners.

Then came the reaction, the day of the anthracophobist. Wholesale slaughter was made of the anthracomaniacs; and as the women of Israel sang in that olden day, "Saul hath killed his thousands, and David his ten thousands," or in other words, antifebrin and kairin killed their thousands, and other coal-tar products have killed their ten thousands. There was joy in one camp and sorrow in the other. This is the dire state of affairs now in the two camps which the study of hydrocarbons has manifested in the world.

CHLORATE AND CHLORIDE OF POTASSIUM.*

By W. E. Kinnett, M. D., Yorkville, Ill.

ABOUT sixteen years ago my attention was called to an article entitled "A Common Mistake Concerning Chloride of Potassium." The writer called the attention of physicians to the fact that "it was not chlorate of potassium that was so successful in the treatment of mercurial stomatitis, but chloride of potassium. He says that

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"the chlorate should never be used, as in concentrated solution it may prove very harmful; while the chloride is very innocent; a specific in sore throat, especially mercurial sore mouth," Mistakes are often made when writing prescriptions for these drugs because of the abbreviation used. We often see "pot. chlor." written, and no one can tell whether chlorate or chloride is meant.

Professor J. U. Lloyd, in writing on these two salts, says: "Chlorate of potassium is familiar to every physician, and may be found in all drug stores. It dissolves in sixteen parts of water (60° F.). Chloride of potassium on the contrary is seldom found in commerce. It crystallizes in cubes, appears like and has a taste very similar to that of common salt, and it dissolves in twice its weight in water (60° F.). Chloride of potassium bears so near a resemblance in appearance and taste to common salt that in early days no distinction was made between them. Recently chloride of potassium has been introduced into medicine, but it is doubtful if physicians generally have recognized the fact that the substance was other than the well known 'chlorate of potassium.' Certainly these two compounds are very different, and it can hardly be expected that the practitioner will meet with success by administering chlorate of potassium in diseases where chloride of potassium is indicated. To overcome the present confusion, attention is called to the following differences in appearance, between chlorate and chloride of potassium, and it may be well to commit the formulæ to memory, for medical journals have butchered these as well as the salts.

CHLORATE OF POTASSIUM.

1. Formula $KClO_3$.
2. In constant use and very familiar.
3. Crystallizes in monoclinic prisms or plates.
4. Dissolves in about 16 times its weight of water (60 deg. F.).
5. Has an insipid and saline taste.
6. Official for many years in U. S. Pharmacopœia

CHLORIDE OF POTASSIUM.

1. Formula KCl .
2. Seldom found in commerce.
3. Crystallizes in cubes and resembles common salt.
4. Dissolves in twice its weight of water (60 deg. F.).
5. Tastes much like common salt.
6. Not official in U. S. Pharmacopœia."

As to the therapeutic action of the two salts they are very different and it will not do to substitute one for the other.

Potassium chlorate is indicated by a bad odor,—fetid breath, fetid menstruation; the odor of putrescence like that of decomposition of flesh; the mucous membranes are bluish-white; coating of tongue is thick and dirty. The odor of offensive lochial discharge is the typical odor. The odors are often caused by decomposed blood clots during menstruation, and retained membranes and clots after a miscarriage. It matters not the cause, the result is the same. I am satisfied that this drug is prescribed more than any other one drug in all forms of sore throat. A common, a very common prescription among the Regulars, and I am sorry to say among many Eclectics, is chlorate of potassium and tincture of chloride of iron. It matters not what the symptoms are, if they have sore throat, they get the

routine prescription, and in the majority of cases to the detriment of the patient.

Chlorate of potassium is irritant to the kidneys and the danger attending its administration is from this cause. Usually it is prescribed indiscriminately and often used and taken by the laity, and dose after dose is taken for sore throat; the urine becomes scantier and finally uremic poisoning begins and we have serious trouble, if not death. We see tablets of chlorate of potassium on the counters of every drug store in the country, and they are bought and taken equal to patent medicines. When you are called in to see a patient who has tonsillitis or pharyngitis you often hear the mother say: "Doctor, his throat has been sore for several days and we sent to the drug store and got some "potassie"—they do not know any thing about it, but call it potassie—and have been giving him that, and he don't seem to get any better; and, Doctor, he can not pass his water very well and says it hurts him." True the chlorate of potash has done its work on the kidneys and has not benefited the throat.

In many cases of scarlatina it is administered for the throat trouble, and the kidney trouble which follows is in most every case due to this drug, and not to the disease. More cases of scarlatina would get well if the chlorate of potassium had not been administered. It is eliminated almost entirely by the kidneys and continues to appear in the urine for several days after the remedy is discontinued. In diphtheria albumin frequently appears in the urine. Chlorate of potassium aggravates the kidney congestion, and often from this cause the urine is smoky and aluminous as well as much diminished in quantity. Chlorate of potassium is answerable for many deaths attributed to diphtheria.

Chlorate of potassium is one of the best, if not the best antidote to rhus poisoning that I have ever employed. I have never seen this remedy recommended for this disease. I discovered this property of the drug in this manner, in 1880. One of my own family was very susceptible to the poison of rhus, and at that time was suffering from an attack of the poison. It was the worst case I had ever seen up to that time, and I have never seen so bad a case since. The dermatitis was complete. Every part from the top of the head to the feet was completely covered with it, from which oozed a watery fluid accompanied with intense pruritus; and the swelling was simply terrible. I tried every remedy that I had then heard or read of, and consulted two older physicians and used what they recommended with no relief from the malady. After she had suffered in this manner for over two weeks, a patient called at the house for treatment for a sore mouth. I prescribed chlorate of potash, and as I passed through the room where the rhus patient was I told her that I guessed I would try chlorate of potash for her poison, as everything else had failed. I therefore applied some of the solution to one of her hands, and passed on to the other patient. On my return after a few minutes,

she said, "I wish you would use some more of that medicine as the itching is almost stopped on my hands where you applied the medicine. I immediately prepared enough of the solution to cover the whole surface affected by the poison; relief came almost immediately, and in three or four days she was completely relieved. I have used it on hundreds of cases since that time and have never known it to fail to cure the case. If you have never tried the remedy for this most distressing malady do so at your earliest opportunity. I order a saturated solution applied every three or four hours, nothing internally. I am not sure but what the chloride will act equally as well as the chlorate in these cases, but I have never prescribed it.

I have searched several works on therapeutics for information in regard to chloride of potassium, among which may be mentioned Scudder, Locke, Ellingwood, Butler, Shoemaker, King's Dispensatory, the Handbook of Medical Sciences, and Webster; Prof. Webster is the only one mentioned that speaks of the chloride of potassium. Possibly some of you have met with similar failures, and consequently have arrived at the conclusion that it is not a very important drug, or it would have more extensive notice.

Chloride of potassium is indicated by a white or gray coating on the tongue, mucous membranes of the mouth and throat; thick white slime or phlegm from any of the mucous membranes; and flour-like scales from the skin; the mucous membranes of the mouth are pale, the epithelium easily gives way and we have vesicles, ulcers and erosions to contend with. In this condition the chloride of potassium is far superior to phytolacca or any other drug or combination of drugs, I have ever prescribed. This is the best remedy we have to stay the deposition of plastic exudates in pneumonia, and some other acute diseases. All inflammatory conditions suggest the use of this remedy, as plastic exudates are almost certain to be more or less a concomitant. I am certain I have seen this remedy save life in pneumonia, and would not like to be without it in treating cases of this kind. In acute hepatitis it will avert threatened suppuration if administered in time. In case of pelvic cellulitis it will here prevent purulent collections. In many cases I am certain that it has prevented the formation of abscesses after acute inflammations. I have used this drug in cases of edema of the cellular tissues, and reduced the swelling in many cases where other well known remedies for this condition had failed. I once treated a very severe case of edema accompanied with heart disease, where we had indications for apocynum and it was prescribed but seemed to do no good; I then added chloride of potassium and in a few days the edema was all gone. It is the remedy to bring about the absorption of plastic exudates in any part of the body. I would not like to treat cases of diphtheria without this drug, and it is one of my main stays in croup, burns and scalds, la grippe, catarrh, etc. I never prescribe at the name of a disease, but I mention these diseases by name because some physicians must have a name before

they can prescribe at all. The indications are just as clear for the administration of this drug as any other specific medicine we possess, and can be relied on with as much certainty. I have prescribed this remedy ranging from the crude drug to the third decimal trituration, in doses from one to three grains of the crude—in dilution—to the same amount of the third decimal trituration, and can say that I am as well pleased with the action of the small dose as the larger one.

CEREBRAL ABSCESS.

By S. W. Moreland, M. D., Jonesboro, Ark.

WILLIE Slatton, a youth aged 15, had been in delicate health for more than a year. Something over a year ago, he was attacked with rheumatism, and was confined to his bed for three weeks. The first of March of the present year he had a chill followed by a slight fever; shortly afterward his left eye became very much swollen. A physician was called, but he failed to discover anything serious. Prescribed warm poultices and liniments for the eye. The 7th of March I was called to see the father of the boy, and while there my attention was directed to the condition of the child's eye. I did not make a careful examination, as I learned he was under the care of another physician.

March 9th, while there my attention was again called to the eye, with a request that I examine and treat it. I did so, and found it very much swollen and red. It had not been very painful; some deep-seated pain just above the orbit was complained of; parents stated this had been present for several days. I introduced my hypodermic syringe needle and drew off some pus. I next made a free incision into the eyelid. A quantity of greenish fetid pus escaped, and continued to escape for three days.

March 10, about 11 A. M. he had a slight chill, followed by fever. At 3 P. M. he had a convulsion. I saw him in less than an hour; then the limbs were in a state of clonic spasm, with clonic convulsive movements of the face; temperature 102°, respiration labored, pulse quick, pupil of right eye dilated, could not see with left eye, face flushed. Remained unconscious for twelve hours, but had no more convulsions after one hour from the time I first saw him.

TREATMENT.—He was hardly able to swallow, so it was impossible to determine just how much medicine he would get at each dose; but I pushed chloral hydrate till he became thoroughly relaxed; this occurred in less than one hour. I then let him sleep six hours without treatment, then put him on the following: R—Sp. aconite, gtt. x; belladonna, gtt. x; aqua, ℥iv. Teaspoonful every hour when awake.

March 11, 6 A. M. No fever; not fully conscious; will talk some, but it is hard to make him understand what is told him. 1 P. M. same day, but little changed only more restless; can walk, but seems to do so with tendency to fall forward. Saw him again at 9.30 P. M., and

found him unconscious, pupil dilated, respiration regular but labored, pulse 140, temperature 106.5° He died at 10.30 P. M.

Now I think there is no doubt this was a case of cerebral abscess. If the trouble had been recognized earlier, operative treatment would probably have been beneficial. I think nothing could have been done to save him when I saw him first professionally, March 9. Ranney, in his lectures on the nervous system, says: "Abscesses of the brain sometimes rupture into the ventricles, more rarely into the tympanum, the nostrils, or the cavity of the orbit." The same writer says, on the etiology of the lesion: "Among the most frequent causes of cerebral abscess the following may be mentioned: suppuration of the middle ear; blows received on the convexity of the skull; erysipelas of the face or scalp; suppuration of the orbit or nasal fossa; caries or necrosis of the skull; cerebritis; embolism; pyemia; glanders; some of the eruptive fevers, and other blood poisons."

In the case under consideration, it is a little hard to determine the cause. Did it begin with suppuration in the orbit, and then extend to the brain, or was an embolus carried to the brain during the attack of rheumatism mentioned in the beginning of this article? I am inclined to the latter view, for a reason not yet mentioned. The parents when questioned, said Willie had been different in the last twelve months from what he had previously been: less ambition, fractious, several attacks of slight illness. Yes, I think it very probable that a small embolus found its way to the brain; that the brain tissue around this embolus broke down, pus formed, and the abscess finally ruptured into the orbit. I think it is Spitzka who mentions the fact that fetid pulse is one of the characteristics of cerebral abscess. Fetor was present in this case to a remarkable extent.

[The above case was evidently one of abscess of the eyelid. The origin of these is sometime obscure, but poulticing will often produce the condition, and in this case as stated poultices were used. Septic poisoning may result in these cases,—K. O. F.]

SPECIFIC MEDICATION.*

By Wm. P. Best, M. D., Indianapolis, Ind.

MEN of minds philosophic and philanthropic have, for many years, busied themselves with problems more or less abstract; even endeavoring to grasp new truths and principles looking toward the elevation or amelioration of the human race.

Profound minds have, by the evolution of new truths, in several instances thoroughly revolutionized long accepted dogmas, and displaced error and superstition with science. Medicine, burdened by superstition and encumbered by its association with religion or philosophy, emerged from the darkness of the Middle Ages with but little advance over previous attainments.

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During this long period history occasionally records the stupendous efforts of men with courage who arrayed themselves against the abuses and egotism of the times.

In medicine, as in other sciences, narrowness and bigotry many times smothered the influence of men who had the temerity to promulgate better conceptions of truth. These conflicts long blighted the development of scientific research, and prevented the diffusion of knowledge.

In the second century, Sextus, who was leader of the "Skeptics," and also a physician, became leader of a school of physicians known as Empirics. The Empirics based their practice of medicine on an "experience founded on observation, history of cases and judgment by analogy" in contradistinction to the followers of Hippocrates. Thus early do we find an effort made to throw off the dogmatism of the "Fathers of Medicine," and to study the action of medicine in a more concise manner. While the Empirics read and wrote commentaries on the works of Hippocrates, the historian, relates that they became "extremely successful in practical matters."

Before the time of Galen, Rufus of Ephesus and Archigines were leaders of a body of physicians who attempted to combine all the valuable parts of the two prevailing systems of the times, and to call themselves Eclectics, but before the end of the century Galen and his adherents led professional men back to the Hippocratic fold.

Early in the fifteenth century Paracelsus—a German philosopher and reformer, who was through malevolence driven to abandon his own country—trampled upon all traditional authority, made a clean sweep of the whole of dogmatic medicine, and asserted that "Nature is sufficient for the cure of most diseases." He used remedies of a secret nature, known as "Arcana," which were then the nearest approach to what is now commonly accepted as "specifics," but widely different from those used by modern Eclectics.

About the middle of the seventeenth century, Thomas Sydenham, written of as the "English Hippocrates," held that "Disease is nothing more than an effort of nature to restore the health of the patient by the elimination of morbid matter." While a strong advocate of bleeding and many depressing measures, he had a high appreciation of specific medicines as they were then understood.

From 1753 to 1844, there lived in Germany a man who was as revolutionary a reformer as was Paracelsus, Samuel Hahnemann, who also entirely severed his connection with the old school. We can scarcely estimate the courage and force of character of such men. The position assumed by them brought to them alike the hatred and persecution of the scientific (?) medical men. But without such men we should not to-day be able to proudly boast of our own advanced position in the medical world.

Hahnemann, like his predecessors in the work of reform, being banished from the society of his contemporaries, appealed to the com-

mon people, and through them his successful work became established, and his results, compared with other physicians of the times, were decidedly in his favor. While this reformer is spoken of as having had "specifics," they were prescribed according to a very different theory from that of modern specific medicationists.

Notwithstanding the fact that a few historic characters of broad views, with the courage of their convictions, appeared, and, shining brightly for a time, gave promise of something better, yet, for the most part, the abuse of drugs, and the extreme use of harsh measures, depleting and devitalizing, made up the larger part of the dominant routine of practice.

With this brief notice of the effort of a few to revolutionize and modernize medical systems, and reading between the lines that strong retrogressive tendency to base everything medical on authority—or Hippocratic teaching,—we are enabled to see those who endeavored to follow the best light, and profit by the lamp of experience. They entertained, at least, dim or befogged ideas of specifics in medicine, but it was always based on the erroneous view that such specifics should be for disease as named in the accepted classification.

Would it not seem that physicians may yet be placed under the search light of the people, and held to account for their misdeeds when found skulking around in the shadows and darkness of the mausoleums of ignorance, superstition and dogmatism, that others pride themselves on having long since abandoned?

Specific medicines, for diseases, are not wholly relied on by their most ardent supporters, mainly for two reasons, namely: First, they do not believe in specifics, consequently have no faith in them; secondly they make tests that are unreliable because they always associate other remedies with the so-called specifics. To exemplify this we might mention antitoxin, which when used for specific treatment of diphtheria is not wholly relied on, for all "authorities" who write of it and praise it as one of the certainties in medicine, advise the use of local means, antiseptics, etc., the effect of which is not at all considered in the reports of cures by serum therapy. So might we continue through the list and add strong testimony from good writers, who from investigations carried on simultaneously, but independently, arrive at the same conclusions and condemn these so-called specifics.

Long years of use, careful experimentation by careful competent observers, the crucial test that time alone can afford, make a remedy valuable and reliable. By and through these methods have our "Specific Medicines," from specific conditions—regardless of nomenclature—been brought to their present high standard of value and reliability. With them then are many certainties in medicine, and we count comparison of the results of our specific medicationists, with the most favorable reports yet produced.

It would seem a fitting incident that to America, the country which has been the revolutionary center of many ideas of ancient origin, was left the task of evolving from the chaotic mass of accumulated facts, systems and practices, the most reasonable, most successful and least harmful system of medicine that was ever presented to suffering humanity.

Early in the nineteenth century men practical, men learned and able, humble because of their wisdom, went forth into the forests of America to seek plants from which they hoped to obtain remedies with which—together with those already in use—they would establish a new and better therapeutics. Information was sought and accepted from any who could impart it. Carefully selecting and recording, cautiously experimenting and revising, ever perfecting and expanding until now the dawn of the twentieth century is resplendent with the undying glory of Thompson, Beach, Morrow, King, Scudder and their many co-workers. By their individual and united efforts "Specific Medication" has become the evolutionary product of the Eclectic school of Medicine.

Our self sacrificing founders were not satisfied with merely discovering new remedies, new uses for old ones, and carefully giving us the indications for their use in a specific manner. They were keenly alive to the growing demands for reliable and representative pharmaceutical preparations of the remedies which were to underlie a rapidly growing system of medicine. A system that was quickly becoming popular because it filled a long felt want, and must improve with its development to retain its prestige and maintain the confidence it was then establishing. For this reason it became necessary for some pharmacist to be like themselves, willing to risk ostracism, at least to suffer criticism, for the sake of the study and development of Eclectic plant remedies.

Through the instrumentality of Prof. John King this work was undertaken by Prof. John Uri Lloyd, and he, later on assumed the responsibility of making pharmaceutical preparations of these remedies, according to the high standard of Prof. Scudder. He so far satisfied Doctor Scudder's ideas of true, representative preparations that his copyrighted labels have ever since adorned the products of the Lloyd laboratory.

Eclectic specific medication is the monument that stands as a fitting memorial of long years of close application and careful investigation; there is no link wanting in the chain of its evolution.

Specific medicines for specific conditions is the long cherished object of professional research; not the mistaken idea of specifics for diseases as named; embodying a multiplicity of symptoms and manifestations, which are rarely alike in any two given cases of the same disease.

Our system, conceived in the minds of our professional forefathers, passed through the embryonic stage and the period of its childhood. It survived the many attempts of its enemies to abort its development,

or emasculate it by the use of cutting epithets unworthy of medical gentlemen. It has reached the period of youth and vigor and gives promise of a rich and ripe manhood. It has through undaunted efforts quietly gained for itself recognition and reputation. Those once its enemies now come forward and offer the right hand of fellowship.

Much individual and united work yet remains awaiting willing hands that we may attain unto a more perfect knowledge.

MATERIA MEDICA.†

By George W. Homsher, M. D., Camden, Ohio.

MANY physicians in a practice extending over a quarter of a century of active work, and who have been close observers, have learned the positive effect of many drugs. The knowledge they seldom make known. They never write articles for medical journals. This I have found to be the case, in conversation with physicians from whom I have gained valuable knowledge, in the action of old and discarded remedies, which our forefathers used successfully, and have passed from father to son, as family relics. But in this day of specifics, they are coming to the front with positive remedies for positive conditions. My idea, is to re-write the *Materia Medica*, and before doing so, to open a correspondence with old and experienced physicians. Let them state their knowledge in their own language. In this manner the specific action of every drug may become known. In an article published, I think, in the *E. M. Journal*, on podophyllin as a specific in dysentery, cholera infantum and chronic diarrhoea, the dose seemed large, one fourth of a grain, repeated every one to three hours. I know that my father treated all his cases with one-eighth to one-fourth grain, repeated every one to three hours, until the three or four doses were taken. This insured a thorough action of the bowels, and was followed by such treatment as the case required, generally astringents and tonics. During the fall of fifty and fifty-eight, when dysentery prevailed as an epidemic, in this part of the country, he gained quite a reputation in the treatment of the prevailing disease. I could never work my courage to a degree of confidence to administer it in such doses, in all cases. I have given it in some hopeless cases with excellent results, and have thought I would continue administering it in all cases, but failed to do so. But in desperate cases, I would not hesitate to give it. I will mention a few remedies that I have relied upon for the past twenty-five years, and have no reasons to regret such prescribing.

Specific achillea, yellow, in leucorrhœa, twenty drops, every four hours; Specific achillea, 2 oz; glycerine, 4 oz. ‡ Apply with cotton pledgets to the os and vagina.

The expressed juice is a positive antidote to rhus tox poison. It will cure the most obstinate case in from forty-eight to seventy-eight hours.

† Reprinted from Transactions National Eclectic Medical Association, 1899.

I order them to bruise the plant and rub over the parts three or four times a day; the itching and burning soon subside, and the blebs dry quickly. I generally administer aconite ten drops, belladonna ten drops, water four ounces; teaspoonful every three to four hours, to overcome the toxic effects of the rhus upon the nervous system.

Atropine sulph. one grain, water one half ounce. This I have used successfully for more than twenty-five years, in the cure and controlling of ear-ache. Drop into the ear two or three drops, warm; repeat in an hour if required, which will seldom be the case. Do not fail to use it in your next case.

Uva Ursi. This drug I prefer to ergot, when ever ergot is required. It does not produce clonic contraction as ergot. It is safe and efficient. Uva ursi leaves one-half ounce, boiling water eight ounces. Of this infusion one to two ounces every half hour until the desired effect is produced. Sp. uva ursi, teaspoonful in hot water.

Egg Oil. This is a remedy for cracked nipples, or eczema of the nipples. I sometimes add one part oil of juglans to two parts of egg oil. To insure against trouble, after confinement, I give the lady a small vial, and order it applied morning and evening, for a week or more, before confinement, and continue the same, for two or three weeks afterwards.

Specific black haw. Cramps of the limbs, varicose veins, and rheumatism. I could give the history of a hundred or more cases that have been cured by this drug alone; dose ten to twenty drops, four times a day.

Stramonium. Expressed juice with vaseline; use with friction to bald heads, and see how it promotes the growth of the hair. This will give better satisfaction than any hair restorer.

Sulphur. 2x, dose five to ten grains, three times a day. This is a specific for flushes, which is so annoying to ladies, during the climacteric period.

Nitro-glycerine, 1-200 granule, colchicum seed, 1-37 granule, one each every fifteen to thirty minutes until relieved. If you use the solution nitro-glycerine, 1 per cent. ten drops, colchicum fifteen drops, to four ounces of water, teaspoonful every ten to twenty minutes. This will relieve and cure angina pectoris.

Chloride of gold et sodium one grain, water four ounces, teaspoonful four times a day, will relieve puritus ani.

Castile soap, four ounces, whiskey Oj. I dissolve the soap thoroughly and apply three times a day. With this I never fail to cure tenia capitis.

Sulphite of soda, saturated solution, use freely in eczema of the face and hands.

Specific cannabis indica, belladonna, aa. two ounces, dose two drops every three hours. In spermatorrhea, it acts promptly, relieving the dull headache, vertigo, nervousness, and calms excitability; a true tonic for the sympathetic nervous system.

Chloride of ammonia, one half ounce, simple elixir, four ounces, teaspoonful in a wine glass of water three times a day. I depend upon this in all prostatic enlargements. The result will not be disappointing, if you will only continue the remedy for not less than two or three months. A gentleman just stepped into the office while I was writing this, whom I treated a year ago, that had passed through several physicians' hands. He had suffered intensely from enlarged prostate and hemorrhage of the bladder, for three or four years, and was compelled to use a catheter whenever he passed his urine. Three months of the above treatment entirely cured him. He tells me he has no difficulty in urinating, and has not used a catheter since taking that "strong solution of salt and sugar."

Rhubarb *pluv.* fifteen grains, boracic acid five grains, boiling water, two ounces. Inject into the rectum morning and evening, and retain as long as it is possible.

A specific for thread worm. I never fail to eradicate them, and put an end to the annoyance that these pestiferous worms create. It should be used every day, for at least fourteen days, to be sure that a new army does not take the place of the old colony.

White Hollyhock. A decoction of the flowers taken in half a wine glass dose three times a day, and used as an injection will cure the most obstinate cases of leucorrhea. This is the remedy Dr. Robert Homsher used successfully for forty years. It was his one remedy in the treatment of this disease. Another remedy he used with much confidence and success, is a small plant called "Hen and Chickens." He would bruise and express the juice, and add just enough alcohol to preserve it; dose three to four drops, every fifteen to twenty minutes in infantile convulsions. I have used it of late years with good results.

While speaking of domestic medicines, I wish to call attention to wood ashes. Wood ashes and wheaten flour *aa.* parts, warm water sufficient to form a poultice. A gentleman was brought to my office, whose foot, and limb to the knee, were badly swollen from the effects of a tobacco spear falling and piercing the foot, some three days previous. The pain was continuous and severe, foot and limb tender to touch. After opening the wound, I ordered a poultice of the above large enough to cover the whole foot, requested the case to be reported next day. I did not hear from the party for three days, when he reported in person, and was able to walk with the aid of a cane; tenderness and swelling removed; sleeps and eats well; considers himself fortunate, and surprised with the results. I could relate case after case of puncture, inflicted by rusty nails, spikes, barrel hoops, etc., that I have treated with the above to the perfect satisfaction of the patient and myself. Peach tree leaves, bruised and applied, is claimed by some to prevent tetanus following in accidents of this character, but the results have not proved satisfactory in my hands.

Scrophularia nodosa, fig wort, spec. tinct. teaspoonful in a little hot water, every one to two hours. A specific in suppressed lochia. This I rely on, and have yet to meet with my first failure to re-establish the lochia. My father, Dr. R. Homsher, informed me, in his practice of fifty years, he never met a failure. He used a decoction, and gave freely until the lochia was fully re established, then a wine glass two or three times a day for a few days.

Xanthium spinosa, cockle burr. I gather the matured leaves, and small tender stems, bruise and cover with strong alcohol. Of this, 10 to 20 drops, three to six times a day. In diseases of the kidneys or urinary organs, when there is a deposit of urates, uric acid, and in cystitis of women, I use it in conjunction with *allium cepa aa.* one ounce; dose 20 to 40 drops, four or five times a day. An elderly lady imparted to me the value of this formula in 1870, for the cure of "gravel" (as she classed all diseases of the bladder.) Since that time I have constantly had on my office shelf, from one to two pounds of each. When I prescribe this, I do it with explicit confidence that the patient will be relieved, if not permanently cured. Messrs. Lloyd Brothers have placed them on the market. What I have prescribed fills the bill.

Passiflora. For teething children, there is no drug that will so control the nervous lesions, from which so many suffer. I give 5 to 10 drops two or three times a day, to soothe the aching, tender gums. I have the mother apply it several times a day with the finger, rubbing the gums thoroughly.

CRATÆGUS OXYACANTHA.

By A. B. Woodward, M. D., Tunkhannock, Pa.

IN no article on the new remedy, *Cratægus oxyacantha*, have I seen it recommended for the special conditions for which I prize it most highly. Although recommended in cardiac disease generally, I have found it to be a reliable antispasmodic in special conditions; for instance, in *hiccough*, in the last stages of fatal disease, which is so distressing to the patient and annoying to the friends as well as the doctor.

I will give an instance—a case of dropsy from heart disease. For three days the hiccough most of the time had been most harassing, with pain about the heart of a spasmodic character. After trying all other remedies which in ordinary cases give relief, but which failed in this case, as a last resort I ordered 30 drops of *cratægus*, given at once in a small swallow of water, with the intention of giving 30 drops more in twenty minutes if no relief was obtained from the first.

In five minutes the hiccough was entirely overcome and did not recur in twenty-four hours. The next day he had another attack, which was checked with 15 drops in the same length of time. Three

days later, and about three hours before death took place, he was again attacked with hiccough and a death chill with it, which was very distressing to witness, attended with a fear which, to say the least, was awful. I gave him the following: R—Tincture cratægus, gtt. xxx; tinc. pulsatilla, gtt. iij; sulph. morphine, gr. $\frac{1}{2}$. At one dose in a little water.

Was informed by friends that he was easy and able to converse with friends in five minutes, passing away (as the term is used) "peacefully," about two or three hours after taking the above last dose.

Another case—spasmodic contraction of the diaphragm. Patient for a long time had been troubled with tightness of chest and dyspnoea on awakening from sleep. After using cratægus in fifteen drop doses every six hours for five days, his difficult breathing was completely cured, and with it an intermittent pulse which had existed for three years.

I have administered it in many other cases that might be mentioned which would go as proof of its antispasmodic properties of a special merit.

HEROIN.

Editor Eclectic Medical Journal:

DEAR DOCTOR: In the May issue of your Journal we have noticed an article on Heroin by Dr. E. J. Marsh, in which he reports two cases of collapse, one resulting in death, from the use of this drug in infants. We believe the unfortunate result was due to the large doses employed. Almost every author who has reported his experience with Heroin has directed attention to the necessity of giving it in very small doses, 1-30 to 1-20 grain, to children. In a booklet giving brief descriptions of our preparations, it is especially stated that the dose for adults varies from 1-24 to 1-6 grain, three or four times daily, and that children require proportionately much smaller doses.

Our only object in writing to you is to direct your attention to the importance of informing your readers as to the correct dosage of Heroin in diseases of children. Heroin is a perfectly safe preparation, if given in a rational manner, and according to the data derived from conscientious and thorough clinical investigations.

Yours very truly, FARBENFABRIKEN OF ELBERFIELD CO.

[EDITORIAL NOTE.—At the same time we received the above communication, Dr. Marsh wrote us that there was an error in dosage, as printed in his article, as it was his intention to state that his dosage for adults was 1-12 grain, and correspondingly less for children.]

PERISCOPE.

THE ETHICS OF NIGHT CALLS.

There appears to be an unwritten law, believed in by most people, that doctors are morally bound to answer any and all calls night and day. A few people everywhere think that there is a statutory law compelling physicians to go when called. Occasionally, for more than twenty-five years, I have been reminded of this with menacing threats. For my part I wish there was such a law, for then there would have to be a compensatory law compelling people to pay the physician for his services. I think readers of *A Stuffed Club* are too intelligent to believe that there is or should be a law abridging the personal rights of a physician or any other man. In many ways law does infringe on personal rights, but in this particular there is none except a sort of unwritten law that it is the duty of a physician to go and relieve suffering if asked to do so. This belief is too deeply rooted for a thing so unjust. The reason is based on the general supposition that sickness is unavoidable and belongs to the misfortunes of life. Physicians who believe this, and the majority of orthodox physicians do, should take their medicine and make no complaint when called out of their comfortable beds.

There are physicians who put on their professional cards, "all calls answered promptly day or night." These physicians should be known and called upon, in fact all physicians who desire night calls should be known and receive the benefit of the labor they solicit, but a physician who recognizes disease as a disgrace and very largely avoidable is never pleased nor flattered by a night call.

In the quarter of a century that I have been practicing medicine I can safely say that ninety-five per cent. of all calls, barring obstetric cases, are brought about by gluttony, drunkenness or vice of some kind that is avoidable, except for stupid ignorance, and I am free to say that seventy-five per cent. of all night calls are dead-beat calls. People who are so stupid and ignorant as to make the services of a physician at night necessary are lax in their honor as well, and think nothing of calling a physician and then not even giving him thanks. I remember years ago of being called eight miles in the country after midnight. The night was dark and the roads bad, so bad that my buggy was upset and ye doctor spilled out. I found a child, four years old, suffering from stramonium poisoning. I caused it to vomit and throw out of its stomach a dozen or more of the poison seeds. The child's life was saved, but I never got thanks for it.

At another time I traveled twelve miles in answer to an imperative call to come at once. I did so after a very heavy day's driving. When I got to the patient's house I had to kick the door not very easy before I succeeded in waking up any of the household. I at last heard a voice from a window on the second floor call out: "What do

you want down there?" I answered that I was there in response to a request for my services. "Oh! is that you, Doc? Well, the patient is all right and we don't need you now." I called back: "All right, then, if you don't; just pay me and I will return." "Pay you?" the voice answered; "you ain't going to charge us for doing nothing, are you?" I gave him to understand that I was ready and anxious to do something for a man who would break into my rest with an unnecessary call. It does not seem possible that such benightedness can exist on the face of the earth, but I am here to state that one does not have to go outside of the city of Denver to find it.

I once received an urgent call to see a man whose team had run away and nearly killed him. After a drive of nine miles I found a man so drunk that a badly fractured arm, jaw and leg had failed to sober him. I repaired his injuries and had my trouble for my pay.

My experience has been that ninety per cent. of accident emergency calls are with dead beats. I learned years ago to run in the opposite direction from these calls. The circumstances are exciting and the best people rush forward with sympathy and would look with contempt upon a physician who would hesitate about giving assistance without first inquiring into the possibility of pay. They do not know that the surgeon is liable to have an endless amount of work and possibly be forced in the end to defend himself against a malpractice suit, brought by the patient because of a defective result, due in many cases, in spite of the physician's best endeavors, to the patient's innate or acquired cussedness, and disobedience to the physician's instructions. There are lots of scalawags in the world who would like a crooked bone as a result of an injury if they have the slightest idea that they can secure damages against a physician or corporation. I've seen people grunt for twenty years and ruin their lives completely by an assumed disability in an endeavor to beat the government out of a \$2 month pension. I have no sympathy for a government that will spend two to ten dollars a month to keep an old soldier out of his just deserts. The United States could have made big money if, thirty-five years ago, it had declared for a pension for every honorably discharged soldier and cut off the army of papsuckers such as pension agents, medical examiners and middlemen who have lived off of the money the defenders of this country should have had. The man who carries his arm in a sling, or walks with a limp, in an effort to earn insurance, a pension, or beat some doctor out of a little malpractice money, is working for small pay, for the sooner a person kicks a pain out of a leg or works a stiff joint limber the better. All the money the beat gets cannot pay him for cultivating the grunt and sick habit. Accident insurance is demoralizing because of the tendency of the insured to lie about their injury. The people try to beat the company and the company tries to beat the people and the whole scheme is an education in dishonesty and sharp practice. The fellow who earns \$25 per week and is insured for \$30 will stay a cripple as

long as possible, and lose more in self-respect and neglect business than he can ever earn from insurance.

If I had pay for all the night work I have done in the past twenty-five years that has been charged to profit and loss, I would have enough to buy a very respectable home on Capitol Hill. Sleep is about all the luxury a busy physician can have in this world, and I, for one, am in favor of breaking up the owl business. Quite frequently I am called at night now, but I will say, in justice to my clientele, that the calls are outside of my regular practice, for my people are too intelligent to disturb me, or to make the night hideous by their wails under the lash of the cat o' nine tails of infinite justice. I want to make a few hints regarding the ethics of night calls for the benefit of my brother physicians. As far as I am concerned I am quite capable of educating, at the time, the few who have the temerity to call for me.

People who want a physician at night should send a note by the messenger and in the note place a five dollar bill. If the call is a distant one and the cars have stopped, send a carriage. If the call will require more than one hour enclose a ten dollar bill. A physician should have five dollars an hour for his services and it should be paid for at the time. All luxuries should be paid for at once. If the pain is not great enough to be worth five dollars an hour to have it relieved, the physician should not be disturbed—such a pain can wait until morning. I consider it worth five dollars to be called out of my sleep to the phone, and if it is not worth that much to the person tempted to disturb me I will give \$4.99 to be allowed to finish my sleep. When I am rattled out at night it means good-by sleep for the remainder of the night. No one has a right to call a physician at night, but if the call must be made have the manhood or womanhood to pay for it.

Just a short time ago I was called upon to go two or three blocks to see a sick woman. The name I did not know, and there were no references given nor money sent. I refused, of course, but sent a remedy to relieve the pain. The disturbance cost me two hours' sleep, which means gold to me. I have understood since then that I was blasted for not going, and even friends were advised to quit patronizing me on the strength of my refusal to go to see a stranger without reference and without pay. The remedy I sent relieved her, but she does not think she owes me even thanks for the disturbance. I investigated and found that I was not mistaken in my belief that the call was similar to the majority of such calls, and that the person was in no way deserving of sympathy.

I have found that people who are willing to pay for night work are always careful and slow about sending, and when they do they never make the imperious demand of a dead beat. Telephones are a great luxury for dead beats. The call comes something like this: "Hello, doctor; is this you? You are wanted at once; a very sick woman; we want you as soon as you can get there," or, "Come to number so and

so at once." The call is often sent to a drugstore, and no amount of inquiry will help the doctor to find out anything of the people. The wise physician knows intuitively that the call is from a dead beat. A doctor who is good for anything and will answer all calls can soon have a business that will run him night and day, and the more of such business he does the poorer he will get. I have no sympathy for a doctor who advertises prompt calls night and day, for he helps to cultivate the idiotic habit of calling on doctors at night. Most night calls are manufactured out of ginger bread and dill pickles; cake, ice cream and beer; oysters, confectionery and pop corn; a heavy supper with a hodgepodge of all kinds of incompatible foods; cabbage and pie. There is always a reason for everything, and the people who send for doctors at night have had their fun and should pay for it, and if all doctors were like me they would pay for it or go without relief.

Quite a good many people have the impression that it is supreme flattery to a physician to send for him—that a physician should consider himself honored by their patronage. I think I have seen more of this aroma about people who are a little shy on settling their account than others. A real all around dead beat is the man who works this imperiousness to the queen's taste until he is discovered. This feeling grows out of the fact that there are more physicians in any community than can be assured of a living, and a species of commercialism springs up, such as cutting in prices and doing cheap work. The profession gets into the position of the merchant in flattering his friends and the people are not long in catching on to the fact that their friendship is necessary to the physician's existence. When this feeling springs up between the physician and his patron it is time for them to separate. The day of usefulness for either has past.

If any one employs me for any other motive than to get good, first-class services, and with an expectation of paying me what the services are worth, if they are able to do so, I will consider it flattery if they will break away. No worthy poor person is, or ever has been, or ever will be, refused my best services, but dead beats and people who employ me just to accommodate me are not welcome at any time. I insist that if a pain is not large enough to be worth five dollars, C. O. D., to remove, please allow me to sleep and call the man who wants the work. *J. H. Tilden M. D., in Stuffed Club.*

ECZEMA repressed may act very unfavorably. A case is reported where a woman, treated by local applications, became insane when the eruption disappeared and was sent to a lunatic asylum. Remaining there a month, she was able to return home, and in two weeks from that time she was again covered with the eruption. This time she was treated homeopathically and the symptoms pointed to rhus rad., and no external applications. The cure this time was permanent and no mental symptoms appeared again.—*N. A. Jour. Hom.*

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PRETERNATURAL LABOR.

I. BREECH PRESENTATION.—Any deviation from the normal, whereby some part other than the head presents, is denominated preternatural labor. Such exceptions, or preternatural presentations, obtain in about four per cent. of all cases, and usually serve as a marked feature of dystocia, rendering the labor protracted, difficult, and exhaustive, from which the most alarming symptoms frequently follow, often endangering the life of both mother and child.

Preternatural cases include breech and shoulder presentations, prolapsus of the umbilical cord, as well as plurality of children and monsters. Various causes have been ascribed to account for preternatural presentations. No doubt breech and shoulder cases frequently depend upon some abnormality in the shape of the fœtus; also as a consequence of deformity of the pelvis, a high or low insertion of the umbilical cord, as well as a pendulous abdomen, undue development of the lower segment of the uterus, placenta previa, abnormal mobility of the fœtus, together with obliquity of the uterus.

Preternatural complications due to prolapsus of the umbilical cord are usually owing to rupture of the membranes while the woman is in a standing or sitting position, an abnormally long cord, placenta previa, marginal insertion, as well as excessive amount of liquor amnii, or hydramnios. Many cases occur without any satisfactory cause being in evidence.

Breech presentations occur more frequently than that of the shoulder, resulting probably in the neighborhood of six times as often. The prognosis is likewise more favorable in breech cases. In properly managed cases the mortality to the mother is not greater than one per cent. Laceration of both the cervix and perineum, however, is quite likely to occur, the liability to such accidents being considerably increased over vertex presentations. The unfortunate consequences in labor following presentation of the breech, is to the child; the difficulty depending on asphyxia, as a result of continued pressure on the cord by the head, the delivery of which is frequently considerably retarded, owing to the expulsion of the body and breech not suffi-

ciently dilating the parturient soft parts to admit of its ready exit. The foetal mortality will probably reach fully thirty per cent.

Diagnosis of presentation is of first and most vital importance in all cases of obstetrics, and this is especially true when symptoms of preternatural conditions are manifest. In preternatural labor the pains are usually irregular and of unequal force. A vaginal examination will reveal the absence of the hard, globular and protruding head. The presenting part will be very high, usually beyond reach during the entire first stage; instead, the protrusion of the bag of waters in a sausage-like form will be present and readily detected by the examining finger. These are infallible symptoms of preternatural labor; and can always be depended upon, with the exception of the rare existence of hydrocephalus. Therefore, when such symptoms are detected and recognized, one should at once suspect a breech or shoulder presentation, and make the necessary preparation required for the judicious handling of such cases. As soon as the second stage is on, a thorough vaginal examination should follow, in order to make a positive differential diagnosis and determine whether the breech or shoulder is most dependent; likewise the position should be determined. In the event the breech presents, its distinguishing features will be recognized, as the anus, which may be known from the mouth by the resistance offered in an attempt to introduce the finger within the sphincter. The buttocks can be readily outlined, as well as the intervening natal fissure. The genital organs will next be located, which renders the diagnosis of the presence of the breech certain beyond all doubt. The tip of the coccyx will also be found; this always points toward's the child's abdomen, and by thus noticing the direction it takes, the position of the breech (presenting part) may be determined.

Four positions are recognized in a breech presentation, viz: first left sacro-iliac, first right sacro-iliac; second left and second right sacro-iliac. The numeral *first* indicates that the child's back looks anteriorly and to the left or right as the case may be, while the term *second* signifies that the foetal back or sacrum is directed posteriorly or to the mother's back.

A more recent and comprehensive division of the positions is, left sacro-anterior, left sacro-posterior, right sacro-anterior, and right sacro-posterior. The most common position in a presentation of the breech is the first left sacro-iliac, or left sacro anterior. In this position the back or sacrum of the child looks anteriorly and towards the left acetabulum; its abdomen posteriorly and to the right, in the direction of the right sacro-iliac synchondrosis; the natal fissure corresponds to the left oblique diameter of the pelvis, and the foetal bitrochanteric to the right oblique.

The husband, nurse, or some one in authority, should be apprised of the fact as soon as the diagnosis of the presentation is positively determined, as well as the danger to the child.

As the mechanism of labor continues, and with the recurrence of the pains, the breech continues to descend in the position described, until resistance is encountered at the floor of the pelvis, after which rotation occurs, bringing the left hip to the front, beneath the pubes, where it engages, and with the increased force of the contractions, the right hip sweeps the hollow of the sacrum and is first born, followed soon by the other; the body is soon expelled in a curved direction. No traction should be made on the body, neither should the feet be drawn down, unless some alarming and critical symptom demands haste, since the child, thus doubled during the exit of the body, more fully and completely dilates the parts for the after coming head. The shoulders are delivered very much after the manner of the hips. Rotation now occurs, bringing the occiput to the front, where it engages back of the pubes; normal flexion usually follows, throwing the long or occipito-mental diameter in the axis of the pelvic outlet. This is the stage of greatest danger to the child, and if evidence of asphyxia becomes manifest, an immediate delivery of the head must follow to prevent a fatal issue. Asphyxia, or pressure on the cord, may be recognized by the blue appearance of the body, a constant and continuous kicking of the legs, together with a weakening or absence of the pulsations of the cord.

In normal mechanism the head is delivered after a brief time, the chin first, followed by the mouth, face, and lastly the occiput. During the passage of the head, the body should be gradually elevated towards the abdomen of the mother. In the event an immediate delivery of the head is demanded to save the child, requiring artificial assistance, probably the forceps will prove most satisfactory. The body should be supported and gradually elevated by an assistant, while the instruments are introduced beneath, and carefully applied to the sides of the head as in an ordinary case. When the after coming head looks in the opposite direction (face to the front), they should be introduced above, while the body is carried well back against the perineum. A very good rule to guide one is to remember that in using the forceps in such cases they should always be introduced so that the handles will correspond to the abdomen of the child. In difficult cases the head may also be delivered by manual means; allow the child to rest on the left forearm of the operator; introduce the left index finger into the mouth; two or three fingers of the right hand are placed against the sub-occipital region; by making pressure with the right, and drawing downward with the left fingers, flexion will be induced, after which with slight traction and carrying the body upward, the head may be gradually turned through the outlet. This is known as the Wiegand-Martin method. Preparations should be in readiness to resuscitate the child in such cases, in the event it is asphyxiated.

A breech presentation, it is claimed, can be diagnosed before labor by means of careful abdominal palpation. This is no doubt true in

some cases; the head may be outlined near the fundus; likewise the peculiar formation of the buttocks can be detected low down and to the side; also in breech cases the foetal heart-beat will always be heard above the umbilicus.

The third stage will follow about as in ordinary cases, though there is greater danger of hemorrhage; consequently care should always be observed to stimulate forcible and firm contraction, as well as delivery of the placenta without undue delay.

R. C. W.

[To be continued.]

EN ROUTE TO EUROPE.

Leaving Cincinnati, April 4th, via Columbus, we reached New York the following day. Our party consists of C. E. Schaff, General Manager of the Big Four R. R., Mrs. Schaff, Mrs. Russell, and the writer. Saturday morning, April 6th, we went aboard the steamer Trave, of the North German Lloyd line, en route for Europe, via the South Atlantic Ocean line to Gibraltar and down through the Mediterranean Sea to Naples, our first foreign port.

As the steamer was pulled from its dock into deep water by the boats, friends on the pier waved handkerchiefs and flags, bidding the travelers a *bon voyage*. Our little German band played "Home, Sweet Home," and we were soon speeding down to Sandyhook, and before night fall we were out on "old ocean's gray and melancholy waste," beyond the sight of land and the reach of home and friends. The last sweet strains of "Home, sweet home" now had their full meaning, as the raging billows caused our boat to roll and pitch as though entirely at the mercy of a terrible, angry sea; and thus for four days and nights our ship was rolling and struggling with the elements of a furious south-east gale that at times approached the violence of a hurricane; dark clouds, a constant rain, and the roar of the angry waves as they lashed high above and over the top of the ship, conspired to make one feel the perils of a voyage on the mighty deep. Tables in the dining room bedecked with banks of flowers, the last offering of friend to friend, were tossed in one conglomerate mass on the floor with broken dishes and mixed cuisine.

Out of about two hundred passengers from all parts of the United States, but a dozen were able to report for the first morning's meal, and for several meals following.

Many who ventured out on deck were thrown violently to the floor, some sustaining quite severe injuries, while those who remained in their berths were wedged in with large hair pillows against the wall and the sideboard. This was a lively experience. :

"A life on the ocean wave,
A home on the bounding deep."

To be sick at home with comfortable surroundings is bad enough, but to be sick at sea, and not sure of ever seeing land again, or in a

position to die, or if dead not certain of lying still after death, is simply terrible, it is fierce. An angry ocean lashed into a fury is very exacting in its demands for toll, and generally forces trespassers to cough up and announce the destination—"U-are up "

The captain said this was the most severe and rough voyage he had experienced ; so it was certainly easy to diagnose the condition, and admit that we were "up against the real thing." The old experienced traveler who had crossed many times said this capped the climax.

I now take down the book and read, "The wind coming from where it will and goeth where it listeth." I close the book and am scientifically and fully satisfied—not the least in doubt that the prophet Moses prayed the Lord that the wind might pass by, or that it was written, "what is man of whom God seems to be mindful?"

The fifth day brought sunshine and a calming sea, and though we lost a day by delay in the storm, all were fully satisfied with the experience—no repetition wanted. As a doctor of extensive experience, the ocean agitated is a success ; the hydropathic school of medicine is not in it for a minute. The old Thomsonian school of medicine, with the rich, juicy lobelia, ipecac, capsicum, apomorphia, or any other combination, can not approach the all-powerful effects of the ocean—can not do more than make one throw up his boots.

An ocean voyage, when lively, will make the lucky one forget all his business cares, and bring the mind to absolute rest, so far as the mind and business affairs are concerned ; it will do a few things more, accentuate the business of the stomach, liver, and the whole of the chylopoietic viscera, and then successfully rock to sleep as though nothing had happened.

The ocean wave is a school of suggestive therapeutics put in active practice. One may will that he won't, but then he will all the same. If all the doctors with their special remedies, or private formulæ or combinations, or the patent medicine men with their never failing remedies, were put out on the ocean, and each obliged to take his remedy, a confiding, peaceable public would have some satisfaction.

Those who walked about on the deck in the early morning of the sixth day discovered in the southern and northern horizon dark outlines not unlike massive thunder clouds. We are now approaching the "Beautiful Isles of the Sea," the Azores, the Archipelago of Western Islands, as they are called by the seamen, situated in mid-ocean, of volcanic origin, and 400 miles in extent, 2150 miles from New York, and 700 from Portugal to which they belong ; 1147 miles from Lizard, and 1600 from the shores of Newfoundland. When and by whom discovered no one can tell, but inhabited by Flemish and Portuguese. Mt. Pico, the largest of the different islands, rises 7613 feet above the sea level, and on its very summit a beautiful cone-shaped eminence. This morning the summit was very plainly visible half a mile above the clouds.

The stratified rock of these islands identifies them as of the miocene period, with signs of the glacial epoch. The climate is mild, the thermometer not going above 75° nor below 40°, therefore elegantly adapted for all tropical fruits. The natives terrace the mountain sides and utilize every available foot of ground.

We arrived at Gibraltar April 15th, our first stopping place. And what shall we say of Gibraltar, a vast rock of solid granite and limestone, a tongue of land and rock extending directly south from the Spanish mainland to within two miles of the African shore. One square mile of this peninsula is a sandy plain between the north foot of the rock and the Spanish boundary, and designated as "neutral land." Gibraltar on the north and east rises abruptly to the height of 1500 feet. The natural means of access is from the western side along the bay; a long and narrow strip of land and terraced rock extends, to which clings the town with its irregular and narrow streets, and about 20,000 inhabitants from every part of the globe—quite cosmopolitan in many ways.

Our ship dropped anchor in the Rosia bay, in twenty fathoms of water, and a lighter placed along side conveyed the passengers into the city, about one mile distant. On the south side of Gibraltar a narrow space between the sea and rock like a plateau, 800 feet above the sea, affords room for a sort of suburb, for the abode of the Governor General and British soldiers to the number of 3,000 who are garrisoned and in charge of the fortification.

Extensive improvements are in progress, which will make this the greatest fort in the world. The English government is now excavating and walling up and constructing a dry-dock that will care for the largest battle-ship. Each person is required to register name and nationality, and a soldier guide will then escort the party up into the Rock galleries, which commences to the north west of the rock cliff, and tunnels upward through solid rock to the summit.

This roadway or tunnel is high, and wide enough for four soldiers to march abreast, and is blasted through the solid rock some twenty feet back from the external surface, with here and there an out-chamber cut to the surface with a small opening, out through which a cannon mounted commands, in each respective rise or rock gallery, the approach of an enemy from every compass of the globe. Added to this the fortifications all along the sides of the rock, where it has been possible to terrace, and over all and above all, 1500 feet from sea level, fortifications are in course of construction, so that as the field glass is used for observation, and it matters not from which position viewed, the mouth of a cannon from the summit commands the situation below for miles, guarding alike the approach from the Atlantic ocean, the Mediterranean sea, the north coast of Africa, and the south coast of Spain. During the war of Succession, Gibraltar was taken in 1704 by Sir Rooke, and since that time England has held it against all assaults, and will have expended for its defense and betterment more than one hundred millions sterling, including the proposed improvements.

In the afternoon the ship raised anchor, and soon we were in another water; the dark green gave way to a deep blue; the south coast of Spain and the north coast of Africa in sight for the next 200 miles, after which another day out of sight of land in the beautiful, placid waters of the Mediterranean sea.

The following morning land again sighted—the island of Sardinia, sixty miles wide, and one hundred miles long. We pass closely to its southern shore, and from nearly every place of eminence, commanding the sea, there still remain the Roman towers, which were constructed of stone and cement more than two thousand years ago, and from which signals were given of the approach of an enemy—ancient method of passing news with much rapidity for miles along the sea coast. After twelve days and over at sea, our ship anchors at Naples.

EUROPE.*—The hospital at Naples is quite a large one, but is rather behind the times in the better appointments for up-to-date surgical work. Rome is nearing the completion of the new city hospital, just outside the walled city. This hospital has been constructed on the two story cottage plan, with all buildings placed about one hundred feet apart in elliptical form, attached from building to building by peristyles below, and enclosed halls for the second story. There are about twenty-five of these frame buildings, covering a space about equal to two squares of the average city in length by one and a half squares in width.

The hospitals at Florence and Venice are of the older style, and should be replaced by better structures, more in keeping with the art of the two cities

Vienna has completed arrangements to replace the city hospital, which is now over one hundred and fifty years old, completely surrounded by large buildings, and in the north center of the city. This hospital has 2000 beds, and is the largest hospital in the world. I am almost persuaded to say it is far from the latter-day ideas of construction, etc. The hospital buildings cover about forty acres of ground, and have link connections with arches and cross buildings. There are large courts and dim ways through the center of the grounds. The pathological museum is replete with nearly all departures from normal in the human subject. The noted Prof. Bilotz, the pathologist, achieved his fame at this hospital. Profs. Schauter, Crobach, and Grossenbauer are the leading surgeons of to-day at this institution—Allgemeine Krankenhaus, as the Austrians are pleased to call it.

L. E. B.

INFANTILE DISORDERS.

The next ninety days will be trying times for thousands of babies, and many that to day gladden and make home a heaven, will, before the cool days of fall, have succumbed to the foes that are so actively at

*Prof. Russell will return to Cincinnati by June 9th.—Ed.

work during the hot days of summer. Especially will the bottle-fed babies suffer, and as this seems to be an age of artificial feeding, infantile disorders will be on the increase; unless undue care on the part of nurse and physician be exercised cholera infantum and summer diarrheas will be the foes that will destroy the innocents, and prophylaxis against these troubles will be more important than treatment.

Prophylaxis.—Care of nursing bottle and nipple will be the first and one of the most important factors in preserving health. Be so emphatic in your directions to nurse or mother that the bottle will be always sweet and clean. After each nursing the bottle should be rinsed with scalding water and laid in lime or soda water until again used. The nipple should be treated likewise; death often lurks in a sour nipple. To be sure of cleanliness and sweetness the nipple should be turned inside out once in twenty-four hours and washed. Do not use the same nipple too long; as soon as it begins to grow soft and spongy throw it away. Next in order is the *kind* of bottle to be used. Do not use a regular graduated nursing bottle, but procure a common four ounce bottle. The baby will then get about the right quantity. Of course some babies do not need more than two or three ounces at a feeding, when the bottle can be only half or three-fourths filled. Four ounces at one feeding is enough for any baby. The stomach is not over loaded and distended and digestion is easily accomplished. When the graduated bottle is used, it is generally filled to the neck of the bottle, and the baby nurses as long as it can hold an ounce; the result is from six to eight ounces are taken, the stomach is distended, digestion retarded, fermentation takes place and the babies' troubles begin. What food should be used? As a rule cow's milk is the best substitute for mother's milk. This should always be sterilized. If not readily digested, treat with Fairchild's peptogenic powder, or add barley water. Of the baby foods that are on the market, so many all possessing more or less merit, that it would not be wise to name them. The one that has given me the best results is Lacta Preparata, though others may have secured good results from some of the many other foods.

The greatest danger is the brain complication, the first intimation being a rolling of the head from side to side, and the short, sharp cry. For this condition, sponge the head with hot water and have an attendant gently fan the patient. By this method rapid evaporation takes place, and the head is cooled more quickly and permanently than by using cold applications. Internally, aconite and gelsemium, or aconite and rhus, will be the indicated remedy. For the diarrhea, aconite and ipecac. If the child be dull and drowsy, belladonna will replace the gelsemium. Where the face is pallid, tongue coated, nux vomica will be our best agent. Where a stimulant is called for, and there is nausea and diarrhea, the old neutralizing cordial with enough chloroform to make it hot, will give prompt re-

lief. For the blue pinched condition, cold extremities, doughy skin, feeble pulse, in a word where there is a condition approaching collapse, inject hypodermically an ounce or two of normal saline solution; also use an enema of hot salt water. Other remedies may be indicated, but these will answer in the greatest number of cases, and the mortality will be very small.

R. L. T.

EUPATORIUM AROMATICUM.

This is the white snake root. It does not occupy so prominent a place as a remedy with us as do the other two eupatoriums. It belongs to a different class of remedies as well. It is said to have nerveine, diaphoretic, antiseptic and expectorant qualities, and is frequently prescribed as an antispasmodic, and in debilitated patients with an irritable nervous system.

It is a remedy of no uncertain value in hysteria and in chorea. Also in the extreme restlessness and morbid watchfulness of the advanced stage of low fevers, like typhoid, pneumonia, pleurisy, etc., etc. In these conditions it acts much like specific hyoscyamus. It is stronger than passiflora. It is recommended in chronic bronchitis and in any disease in which there is marked irritation of the nervous system. It frequently relieves digestive trouble of nervous origin when accompanied by flatulence or chronic irritation of the bladder. It is much less valuable as a bladder remedy than gravel root. The dose of the specific medicine is from one to thirty drops taken every two to six hours, when well diluted.

W. E. R.

EUPATORIUM PURPUREUM.

This is the well known "gravel root" or queen of the meadow, and differs very greatly in its action as a medicine from the eupatorium perfoliatum or boneset. The specific medicine eupatorium purpureum is labeled gravel root to distinguish it from the other eupatoriums. Of the specific medicines from two drachms to one-half fluid ounce are added to four ounces of water, and a teaspoonful of the mixture is administered every hour.

In action gravel root belongs to that class of medicines in which the eclectic materia medica is so exceedingly rich—diuretics. In our opinion they are, too, as a rule, the superior in efficiency and less disturbing generally than are the salts of potassium, etc. Gravel root is tonic and stimulating in its action, and at the same time it is astringent to a degree.

It is indicated by an insufficient flow of urine, which, instead of being high colored, is milky in appearance; there is weight or heaviness in the loins and back, and the skin is hot, dry and constricted. Gravel root increases the volume of the urine, and at the same time it lessens irritation of the bladder and of the kidneys. In its action

it is much like *triticum repens*, or *epigea repens*. Perhaps it is a more active remedy than the first named and very similar to the latter.

From its efficiency in relieving the distressing symptoms incident to urinary calculi and chronic diseases of the urinary organs generally it was named "gravel root." While it does not relieve all cases, it should have due consideration when trouble is met in the treatment of strangury or dysuria, when micturition is frequent and painful, or when there is urethral tenesmus. As such symptoms may be present in any disease, and should be met promptly, gravel root should never be forgotten.

It certainly is a remedy in hematuria, and as it produces an increased flow of water and augments the elimination of uric acid, it is a valuable remedy in some cases of rheumatism and gout. In albuminuria it quiets irritation and increases renal efficiency. In dropsy or anasarca from any cause, and especially when a sequense of scarlet fever, gravel root is frequently a useful remedial agent. The same is true of it in some cases of diabetes insipidus, and in the nocturnal incontinence of urine in children. In these cases it is an especial favorite with those who have learned to use it well. And it is used with very great satisfaction in the treatment of urinary disorders of women. Because of constant leucorrhœal discharge, due to a chronic vaginitis or endometritis, or retro- or anteversion, women, especially the corpulent ones, are prone to suffer from an incontinence of urine that is very distressing or annoying. Frequently in these cases when there is a cough, each paroxysm is accompanied by a gush or burst of urine, the bladder and urethra have lost tone and control. Hence gravel root is a boon. In these cases relief is sometimes so marked that the woman seems to take on new life, and the old prolapsus or version seems much better. Because of this it has been written of gravel root that it is "a tonic to the uterus." Gravel root is also said to possess some aphrodisiac action. It may do so indirectly, but we doubt its direct action in this direction. Specific aphrodisiacs are few and hard to find. Think of and try "Queen of the Meadow." It's a good thing.

W. E. B.

EUPATORIUM PERFOLIATUM.

This is the old and well-known "boneset," and of the specific medicine, which is usually named simply eupatorium and is quite different from *eupatorium purpureum* and *eupatorium aromatica*, there is usually added from ten drops to one drachm to four ounces of water, and a teaspoonful of the mixture is given every fourth hour to two hours.

The specific indication for this remedy is, in our opinion, sluggishness. No organ seems to be doing good work. The kidneys are not acting freely, the pulse is frequent and full, its beats are not distinct;

there is pain in the head, in the bones, everywhere. The skin is more or less moist, but it is soggy, lifeless. Boneset increases skin action—tones it up; it promotes the function of the kidneys and strengthens the circulatory current. In fact it stimulates the sympathetic nervous system, which gives new life to all of the vegetative functions of the body.

Bearing this in mind, eupatorium perfoliatum is frequently a remedy par excellence in rheumatism, the bone pains of syphilis, in remittent and intermittent fevers, and sometimes in typhoid fever. In fact its administration should be considered in every case of acute or chronic inflammation in which the pulse is full and soft, and almost waveless or indistinct.

The action of boneset upon the sympathetic makes it an excellent remedy in many cases of convalescence. It helps them climb the hill to complete recovery. For the same reason it is a very efficient remedy in some cases of atonic dyspepsia and so called general debility. It should not be overlooked in the treatment of any disease where mild stimulation is needed. It will frequently lessen the cough of measles, pneumonia, relieve asthma, and it has a great reputation with the profession and the laity as a beneficent agent in colds with fever, pain in the bones, etc., in catarrh and in la grippe.

Eupatorium is another of the galenicals of which the infusion is at times superior to the alcoholic preparations. This may be taken either hot or cold, according to the effect desired. Overdoses of the drug are emetic and cathartic—prostrating but not dangerous. The older writers say that boneset is tonic, diaphoretic and alterative, all of which depends upon how and when it is given.

W. E. B.

THE NATIONAL.

CHICAGO, ILL.

MY DEAR DOCTOR:—Have you already made your arrangements to honor the National Eclectic Medical Association with your presence and a good paper for the transactions at its next meeting, to be held in Chattanooga, Tenn., June 18-20, 1901?

Chattanooga, or the City of Monuments, with Chickamauga National Park, Missionary Ridge, Orchard Knob, National Cemetery and grand old Lookout Mountain (which you can scale on an incline seven-eighths of a mile long), offer at once, with the surrounding scenery, one of the most beautiful and historic locations that can be found in the world.

If you have not already prepared to be present at this meeting, do not hesitate longer, but begin now and make your arrangements to grace the National with your presence, and besides improving yourself in many ways, you will have one of the finest outings that it has ever been your privilege to enjoy.

Headquarters for the Association will be at the Read House, located immediately across the street from the Union Depot. Hotel rates will be \$2.50 to \$3.00 per day, American plan. Other hotels in the immediate vicinity have offered rates all the way from \$1.50 to \$3.00 per day, American plan.

The unveiling of the King Monument will take place at Cincinnati, June 18th. All Eclectics are invited and welcome.

A reduction of a fare and one-third on the certificate plan is secured for those attending. Tickets at full fare for the going journey may be secured three days prior to the meeting. Be sure when purchasing

your going ticket you request a certificate. Do not make the mistake of asking for a receipt. On your arrival at Chattanooga present your certificate to the Corresponding Secretary. To prevent disappointment it must be understood that the reduction on the return is contingent on the attendance of not less than 100 persons showing certificates of payment of one full first-class fare of not less than 75c on the going journey.

Make up your mind now to attend. Help your National Association and benefit yourself. Fraternally yours,

N. A. GRAVES, M. D. Cor. Sec. E. LEE STANDLEE, M. D. President.

THE KING MONUMENT UNVEILING.

As noticed in the last issue of the Journal, the monument erected over the last resting place of the venerable Prof. John King, will be unveiled with suitable ceremonies on Sunday, June 16th, at 3 P. M., at the cemetery near Cleves, Ohio. A special train will be run, without charge, for all visiting physicians and their friends, leaving the Grand Central Depot at 2 P. M., and returning after the dedication. Special delegates have been appointed by each State Society as representatives at the dedication, but it is the earnest desire of the committee in charge that as many other physicians as can, should be present.

THE ANNOUNCEMENT.

The fifty-seventh annual announcement of the Eclectic Medical Institute will be ready by June 10th and will be mailed to every Eclectic physician whose address we have, and to every one who has inquired for a catalogue during the past three years. It will also be printed in the July issue of the Journal. The next session will begin September 23d and continue twenty-seven weeks. The present prospects would indicate that the first class in the Twentieth Century will be an unusually large one.

THE COMMENCEMENT EXERCISES.

The following notice was omitted from the last issue of the Journal. The fifty-sixth annual Commencement Exercises of the Eclectic Medical Institute were held at the Scottish Rite Cathedral, Tuesday evening, April 8th. A well rendered program was enjoyed by the large audience present. Invocation by Rev. H. T. Crane, Dean's address by Prof. Locke, address by Prof. Boone; Prof. J. U. Lloyd, President of Board of Trustees conferred the degree of Doctor of Medicine upon the following graduates.

J. Alec Archer,	Kas.	Charles M. Neldon,	Ohio.
Peter D. Bixel,	Ohio.	Christian W. Reiff,	Ind.
William L. Brodberger,	Ohio.	Lester R. Riggs,	Ohio.
Jesse F. Conrad,	Ohio.	Lewis Shirar,	Ind.
Reaves Warren DeCrow,	Ohio.	Clarence R. Sloan,	Ohio.
Schuyler H. Dech,	Pa.	S. Fred Smith,	Flor.
Florence T. Duvall,	Ga.	Willard O. Smith,	Ind.
William H. Graham,	Ohio.	William L. Stephens,	Ill.
Edwin R. Harvey,	Ohio.	R. C. Van Buren,	Ohio.
Fred. J. Longfield,	Mo.	William L. Werner,	W. Va.
James R. McNinch,	Pa.	R. Fred Whitacre,	Ohio.
Edward H. Mercer,	Ohio.	J. Fred Wvist,	Ohio.
George R. Miller,	W. Va.	Elmer E. Zolman,	Ind.

This program was followed by a banquet to the graduating class, Prof. J. R. Spencer acting as Toastmaster, and Rev. H. T. Crane, Mr. Wade Ellis, Mr. Fuller Swift and L. R. Riggs, M. D., responding to toasts.

ERRATUM.—On page 322 of this issue, 7th line should read 1-120 grain to 1-30 gr. Heroin.

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Iodozen, when mixed with powdered boracic acid in the proportion of 5 to 10 per cent. and used by insufflation, is of value in post-nasal catarrh and ulcerated conditions of the throat, but in specific lesions it is advisable to apply Iodozen pure, in order to produce the necessary antiseptic impression.

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Abrasions	Hemorrhoids	Sycosis
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Balanitis	Ozæna	syphilitic or traumatic
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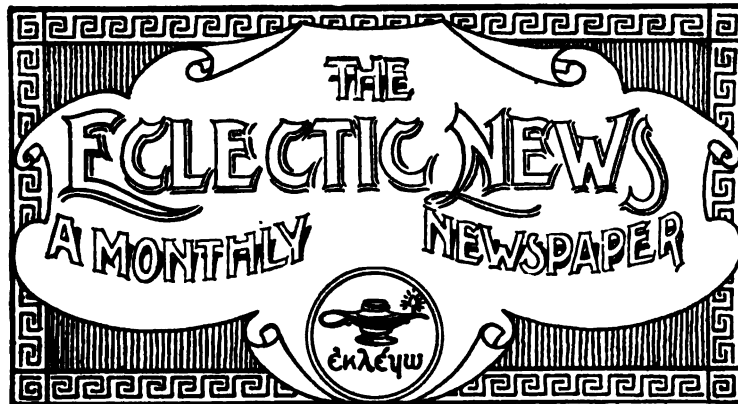
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No. 6.

BOOK NOTICES.

CURABILITY OF TUMORS BY MEDICINES. By J. C. Burnett, M. D. Philadelphia: Boericke & Tafel. Cloth, \$1.25.

This is so contrary to the general thought of the profession at large that much prejudice will have to be overcome before the average reader will be converted to the medication of tumors. The author, however, presents his case, as he always does, in a very strong light, and will well repay a perusal by the doctor and surgeon. Dr. Burnett is a strong writer, and an able delver into the many mysteries that are bound up in medicine. I heartily commend this little volume for examination.

R. L. T.

DISEASES OF THE HEART: Their Diagnosis and Treatment. By Albert Abrams, M. D. G. P. Englehart & Co., Chicago. Cloth, \$1.00.

Lesions of the heart are perhaps less understood by the mass of the profession than any other organ of the body. In this little book the author's object, as stated in the preface, is to make it useful to the practical physician in the diagnosis of cardiac diseases. In this we believe he has been successful. After stating the reasons for so frequent a failure to a correct diagnosis on the part of the practitioner, he clearly states the methods of a correct examination and proper diagnosis. This little volume is well worth the dollar.

R. L. T.

A MANUAL OF PRACTICAL HYGIENE. By Charles Harrington, M. D. 8vo, 725 pages, cloth, \$3.50 Lea Brothers & Co., Philadelphia and New York.

Preventive medicine has become a subject of general interest to the practicing physician within the last decade. It is often easier to prevent disease than it is to cure it. This work deserves a prominent place among the many works on practical hygiene. The subject of

food, in all its different phases, is exhaustively treated. Then follows a thorough treatise on air, soil, water, habitation, disposal of sewage and garbage, disinfection, quarantine, military, naval, and personal hygiene, and many other subjects necessary to an intelligent understanding of preventive medicine.

It is due to the author to say that he has been logical in the arrangement of his topics, brief and practical in his treatment of each subject, and yet sufficiently exhaustive to make the book complete, and a very great source of information to students and physicians who are interested in the subject of hygiene.

J. R. S.

THE PRACTICE OF MEDICINE. In two volumes. By Hermann Eichorst, M. D. Authorized Translation from the German. Edited by A. A. Eshner, M. D. W. B. Saunders & Co., publishers, Philadelphia. Cloth. per set, \$6.00.

Dr. Eshner has done the profession great service in giving us a translation of this valuable work. Unlike most writers, the author does not assume greater knowledge of obscure diseases or conditions than he possesses. While he exhibits the thoroughness of the Germans in his investigations, yet he is candid enough to say he does not know, when brought face to face with conditions that are only positively recognized post mortem. For example, in speaking of diseases of the myocardium, he says: "Easy as it is to diagnose conditions of weakness or insufficiency of the myocardium, it is equally impossible, as a rule, to recognize during life the anatomic alterations that have taken place in the heart muscle itself in every individual case. The anatomic diagnosis of the disease of the myocardium will not reach beyond a certain degree of *probability* even under favorable conditions; and unfortunately often this degree is not obtained even by *experienced*, observant and careful diagnosticians."

While the work is comprehensive it is yet concise, and one does not have to wade through a bushel of chaff to get a few grains of wheat. It is a work that will please the reading physician.

R. L. T.

DISEASES OF THE NERVOUS SYSTEM. A Text-Book. By Prof. H. Oppenheimer, M. D. Translated by E. Mayer, M. D. Illustrated. 899 pages, cloth \$2.00. J. B. Lippincott Co., Publishers, Phila.

This work is translated from the second revised German edition, and covers the field of nervous diseases in an excellent and very comprehensive manner.

The author's methods of examination are well described; symptomatology, diagnosis, prognosis and therapeutics are fully considered; while pathological anatomy has received its share of attention. The 290 illustrations aid description, for seeing makes plain.

We have a number of excellent treatises on the nervous system by American authors to select from. But in the study of a subject so important as this one, several authors should be consulted, and a knowledge of German methods and ideas on these diseases and their treat-

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EDITORIAL FROM E. M. JOURNAL.

ment, from so able an authority as Prof. Oppenheimer has shown himself in this work to be, will broaden the view, and prove a valuable addition to the library of any physician who may care to possess it.

The translator and bookmaker are to be congratulated upon the manner in which their work has been done. B. M.

A TENT-BOOK ON GYNECOLOGY. Edited by Charles A. L. Reed, M.D. D. Appleton & Co., publishers, New York Cloth, \$2.00.

This work is edited from the writings of thirty-one contributors, and Dr. Reed has been fortunate indeed in securing as collaborators many of the most eminent men in the profession, not only in this country but Europe as well. In addition to the editor, three of the number are from this city, viz., Drs. Ravogli, Whitacre and Zinke. The work is well up to the times, covering 900 pages, which are divided into 53 chapters. A feature that deserves especial notice is the illustrations, of which there are 353, all of which are most artistic, beautiful, and instructive. We are very much pleased with the work, and after a rather careful review, do not hesitate to commend it as the most advanced of any that has been published on the subject. B. C. W.

THE INTERNATIONAL MEDICAL ANNUAL. A Year-book of Treatment and Practitioner's Index. 1901. Nineteenth year. E. B. Treat & Co. Cloth, \$2.00.

We have had occasion to review the Annual for several years past. We can not see but what it maintains its standard as a ready reference book on what is new and fresh in medical literature.

A chapter always of interest to the reviewer is the first, *New Remedies*. Careful reviewing brings to light but little of practical value in the past year in the line of therapeutics. Surgery and pathology are as usual full of new and interesting features.

We can heartily recommend the work to any one desiring to inform himself on the new and interesting features of medical literature. The articles are always brief and to the point. W. N. M.

THE TECHNIQUE OF SURGICAL GYNECOLOGY.—By Prof. A. H. Goelet. 340 pages. 150 illustrations. Cloth, \$2.00. New York: International Journal of Surgery Co.

Leaving out of consideration the element of personal skill, the success of a gynecological operation depends not only upon an accurate acquaintance with the technique, but also upon a thorough knowledge of the many details connected with the preparation of a case for operation, and with the after-management.

On all these important points this book affords complete and explicit information. Commencing with the preparation of the patient and of the field of operation the author describes minutely the preparation of the operator, assistants, nurses, of the operating room, instruments, dressings, etc. Then follow detailed and clear descriptions of each

operation, illustrated with a profusion of original drawings and photographs which still further elucidate the text. The concluding chapters of the book are devoted to the no less important subject of the after-care of the patient. In view of the fact that this work contains a large amount of valuable information not to be found in the text-books on the diseases of women, it will serve as a practical guide to every one desirous of acquiring a knowledge of the technique of surgical gynecology.

The author in the preface says, that if a surgical patient be properly prepared for operation; there is no excuse for the annoying intestinal distension, either upon the operating table or afterwards, or for the distressing retching and vomiting following anesthesia that often mar the result. It can all be avoided by careful pains taking preparation. We believe it, and this one feature of this book makes it worth the price. We know of no work that so completely fills the gaps left in the ordinary text-books upon gynecology. Too many overlook this essential—the small detail, this one does not do so.

W. E. B.

INFANT FEEDING IN HEALTH AND DISEASE. By Louis Fischer, M. D. 52 illustrations, with 16 charts and tables. 8vo, 368 pages, cloth, \$1.50 net. F. A. Davis & Co., Philadelphia.

Every physician engaged in general practice should possess this work, or something similar, and as this is the most comprehensive and complete of any we have seen on the subject, we would give it the preference. This work treats of infant feeding in both disease and health, and through the 43 chapters every phase of the subject is covered. The various appliances for artificial feeding, nasal and rectal feeding, all the various prepared foods on the market, are all carefully considered. There is also included a well written chapter on the dietary.

R. C. W.

COLLEGE AND SOCIETY NOTICES.

The Twenty-second annual commencement of the California Medical College was held May 7th. The degree of Doctor of Medicine was conferred upon the following graduates. A. P. Baird, A. A. Guglieri, T. L. Keegan, H. G. Greeley, R. L. Logan, G. P. von Gerichten, M. Van Higgins, H. Kloppe, A. J. Lasswell, N. J. B. Shultz.

The annual meeting of the Nebraska Eclectic Medical Society was held at Lincoln, May 8 and 9. A large number were in attendance and several very interesting papers were read and discussed. The election resulted as follows: President, M. B. Ketchum, Lincoln; 1st Vice president, C. Pickett, Broken Bow; 2d Vice President, A. L. Mathews, Callaway; Secretary and Treasurer, W. N. Ramey, Adams. The next annual meeting will be held at Lincoln, 1902.

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The Commencement Exercises of the Eclectic Medical College of the City of New York were held Tuesday evening, May 7th, in Carnegie Lyceum. Prof. Boskowitz made the Dean's report, Rev. T. A. Hyde delivered the valedictory address, and the degrees were conferred upon the graduates by the Honorable W. R. Spooner.

The Thirty-seventh annual session of the Indiana Eclectic Medical Association was held at Marion, May 8 & 9. This was one of the largest and most interesting sessions ever held, over 120 being in attendance, and 24 new members being admitted. An evening session open to the public, was held in the Methodist Church and a very interesting program was rendered, consisting of music and a fine address by Ex-Gov. Cumbach, an address on Eclecticism by Prof. Ellingwood, a Kentucky Story by Prof. Lloyd, an address by Mr. Gillilan, with remarks by Rev. M. Swadner, formerly of Cincinnati. On the closing day, the following officers were elected to serve for the ensuing year. Pres. O S. Coffin, Carthage; 1st V. P. C. G. Winter, Indianapolis; 2nd V. P. John H. Forrest, Marion; Rec. Secy. M. F. Baldwin, Converse; Cor. Secy. J. W. Kannel, Ft. Wayne; Treas. Q. R. Hauss, Sellersburg. Next meeting at Ft. Wayne, 1902.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

President, E. L. Standlee, St. Louis, Mo; 1st Vice President, J. D. McCann, Monticello, Ind.; 2d Vice President, A. B. Young, Brownsville, Tenn.; 3d Vice President, J. R. Duvall, Atlanta, Ga.; Rec. Secretary, P. E. Howes, Boston, Mass.; Cor. Secretary, N. A. Graves, Chicago, Ills.; Treasurer, W. T. Gemmill, Forest, Ohio. Next meeting Chattanooga, Tenn. June 18-20, 1901.

COLORADO.—President, Edwin Hungerford, Denver; Secretary, T. W. Miles, Denver. Next meeting at Denver, Sept. 27, 1901.

MICHIGAN.—President, Z. L. Baldwin, Niles; 1st Vice president, R. H. Blaisdell, Sheridan; 2d Vice President, W. H. Synder, Hastings; 3d Vice President, L. E. Benson, Woodland; Secretary, E. M. Conklin, Manchester; Treasurer, J. D. Peters, Grand Rapids. Next meeting at Petoskey July 10, 11 & 12 1901.

MASSACHUSETTS —President, Chas. Lloyd, Cambridge; V. President A. L. Pattee, Falmouth; Cor. Secretary, Lydia Ross, Watertown; Rec. Secretary, Pitts E. Howes, Boston; Treasurer, E. E. Spencer, Cambridgeport. Next meeting at Boston, June 6, 1901.

MISSOURI.—

NEW ENGLAND.—President, H. J. Potter, Bennington, Vt.; 1st Vice President, W. F. Templeton, Manchester, N. H.; 2d Vice President, P. L. Templeton, Montpelier, Vt.; 3d Vice President, E. M. Ripley, Unionville, Conn.; Rec. Secretary, W. C. Hatch, New Sharon, Ma.; Cor. Secretary, George A. Faber, Waterbury, Conn.; Treasurer, H. N. Waite, Johnson, Vt.. Next meeting at State House, Montpelier, Vt., June 4-6, 1901.

NEW HAMPSHIRE.—A D. Muchmore, Plymouth; Secretary and Treasurer, W. H. True, Laconia. Next meeting at Laconia, June 26 and 27, 1901.

OHIO.—President, J. K. Scudder, Cincinnati; 1st Vice President, T. D. Hollingsworth, Creston; 2d Vice President, D. Clotts, Gethenna; Rec. Secretary, W. S. Turner, Waynesfield; Cor. Secretary, W. N. Mundy, Forest; Treasurer, R. C. Wintermute, Cincinnati. Next meeting at Put-in-Bay, July 16-18, 1901.

PENNSYLVANIA.—President, S. J. H. Louthier, Scherret; 1st Vice President, Nannie Sloan, Latrobe; 2d Vice President Dr. Helsel, Johnstown; Rec. Secretary, R. E. Holmes, Spruce Creek; Cor. Secretary, W. O. Keffer, Frugality; Treasurer, Benj. Strunk, Uthaville. Next meeting at Harrisburg.

TENNESSEE.—President, J. M. Leonard; 1st Vice President, W. N. Fisher; 2d Vice President, A. B. Young; Secretary, J. P. Harvill, Nashville; Cor. Secretary, J. A. D. Hite; Treasurer, George M. Hite. Next annual meeting at Chattanooga, June 17.

TEXAS.—President, J. N. White, Queen City; 1st Vice President, Mrs. S. F. Morrow, Nobility; 2d Vice President, L. V. Bates, Clifton; Cor. Secretary, C. D. Hudson, Waco; Treasurer, M. V. Daniel, Honey Grove; Secretary, L. S. Downs, Galveston. Next meeting, October, 1901.

VERMONT.—President, W. F. Templeton, Glover; 1st Vice President, E. A. Smith, Brandon; 2d Vice President, W. E. Bailey, East Craftsburg; 3d Vice President, H. N. Waite, Johnson; Secretary, P. L. Templeton, Montpelier; Treasurer, H. E. Templeton, Montpelier. Next meeting at Montpelier, June 5 and 6, 1901.

WASHINGTON.—President, D. T. Richards, Fall City; 1st Vice President, Frank Brooks, Seattle; 2d Vice President, L. C. Whitford, Seattle; Secretary, R. L. Chase, Edmonds; Treasurer, F. A. Nobles, Seattle. Next meeting at Seattle, Sept. 18, 1901.

WISCONSIN.—President, A. B. Bailey, Fennimore; 1st Vice President, J. W. Burns, Viola; 2d Vice President, M. B. Wood, Pittsville; Secretary, J. V. Stevens, Jefferson; Cor. Secretary, R. W. Edden, Janesville; Treasurer, J. F. Stillman, Walworth. Next meeting at Waukesha, June, 1901.

PERSONALS.

MARRIED, at Barberton, Ohio, Dr. J. M. Blackman, Grand Rapids Med. College '98, to Miss Carrie Susan Lusk.

DIED at Mt. Olivet, Ky. Dr. Riley Wells, E. M. I. '58. Born 1830, died Jan. 18, 1901. He was the most successful practitioner in his section of the state.

DIED, at Cincinnati, May 8th, Dr. Geo. C. McDermott, Professor of Ophthalmology in the Pulte Medical College. Dr. McDermott was born near London, Ontario, July 29, 1848, graduating from the Cleveland Homeopathic College in 1868, and removing to Cincinnati in 1880. Dr. McDermott will be remembered by many of our graduates to whom he gave special instruction in his specialty between 1880 and 1891.

Dr. S. Fred Smith, E. M. I. '01, has just located at Leesburg, Florida, and the outlook is very promising.

Dr. Willard O. Smith, E. M. I. '01, is located in partnership with his father at Hoagland, Ind. We are glad to learn that he is doing nicely. He made a successful amputation of the lower limb.

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WANTED.—Several copies of the Eclectic Medical Journal for February, October and December 1899. Will pay 20 cents per copy.

READING NOTICES.

THE ARRANGEMENT OF THE BUFFALO EXPOSITION GROUNDS.—In Buffalo the site of the Exhibition is a large, rectangular plateau, quite removed from the lake and from the river front, and touching on the south the fine Buffalo Park, one of the most interesting and successful creations of the elder Olmsted. There was nothing in the conditions which suggested any free and informal treatment, no considerable inequality in the levels of the ground, no great body of water in sight; and the absolutely picturesque character of the park seemed to invite and demand a contrast in the adjoining exhibition. It was for these reasons, and with the memory ever present of the lesson afforded at Chicago, that an almost entirely formal and symmetrical plan was decided upon and has been carried out. The buildings, the courts, the basins, are arranged upon axes, which have been carefully preserved. Each building or group of buildings has another opposite

which balances it; and it has been the aim to produce rather a unity of effect in the buildings and gardens than a series of isolated units.—From "The Field of Art," in the June *Scribner's*.

Dr. Smithwick, of La Grange, N. C., in January number of the *Maryland Medical Journal*, says: "When, in disease, bed sores occur we must use the best means for healing them and making the patient comfortable. In my experience I have tried a great many things, but have come to the conclusion, which is substantiated by clinical results, that I obtain the best results by thoroughly washing the parts with warm normal salt solution, bathing in peroxide of hydrogen, and dressing in pledgets of cotton or strips of gauze soaked in ecthol. This dressing is repeated once, twice or thrice daily as the urgency of the case seems to demand."

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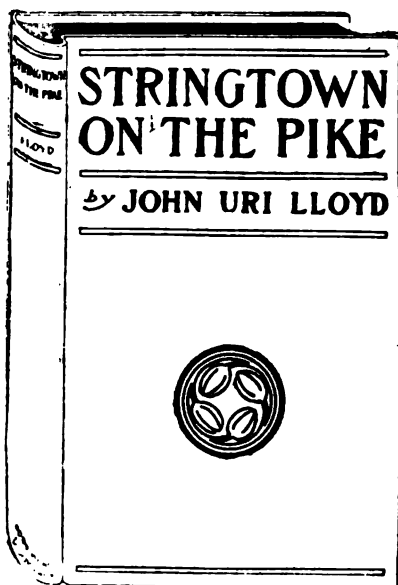
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JOHN K. SCUDDER, M. D.
MANAGING EDITOR.
Assisted by the Faculty of the Eclectic Medical Institute

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VOL. LXI.

CINCINNATI, JULY, 1901.

No. 7.

ORIGINAL COMMUNICATIONS.

SKIN DISEASES.--LUPUS.

By E. H. Moore, M. D., Rew City, Pa.

LUPUS is a new cell growth, usually upon the cheeks, or nose, in the form of one or more slightly elevated spots, or tubercles of a peculiar red color, the center of each soon being occupied by a scar. Lupus varies in its progress and severity, to quite an extent, and for the purpose of better description, is divided into three varieties. The superficial variety is called Lupus Erythematosus, the deeper variety Lupus Vulgaris and the malignant form, Lupus Exedens. There are some symptoms common to all three forms. The color is about the same, there are seldom more than two or three lesions, often only one, and the face is the usual point of attack. There is almost invariably a central scar during its progress, and the site of a former lesion is occupied by a scar after the disease has been cured. The subjective symptoms consist at most of but a slight pruritus, which is never annoying. The family history most always discloses evidence of tuberculosis.

LUPUS ERYTHEMATOSUS.

Symptoms.—This variety of lupus begins as a violet-colored macule, from the size of a pin-head, to that of a pea. It is slightly elevated above the level of the skin and on its summit is situated a small, light colored scale. The macule grows by peripheral extension and as it increases in size, the center gradually becomes depressed to, or below the level of the healthy skin, at the same time it loses its bright color and resembles a scar resulting from a superficial burn.

As the border extends, the central depression enlarges. In the course of months, or years, it may cover a surface as large as a twenty-

five, or fifty-cent piece. If more than one lesion exists, they extend until their borders meet and form one large, irregular patch, perhaps occupying an entire cheek, or the patch may cease to grow, the border lose its bright color and the central depression extend to the margin of the lesion, leaving a scar covering its former location. These scars are sometimes painful to the touch. They retain a livid color, which becomes momentarily white under pressure. When the scalp is invaded, the parts suffer permanent loss of hair. There are no subjective symptoms of importance. The disfigurement is the only bad result. The general health does not seem to be impaired. It appears most frequently on the nose, cheeks, ears, or scalp, but may be found on the back, shoulders, chest, knees, ankles, dorsum of the foot, back of the hands, or fingers. It apparently selects parts where either bone, or cartilage are near to the surface.

Etiology:—Lupus erythematosus does not usually appear until after puberty. It has been observed that persons of light complexion, and tubercular tendencies are more subject to it. A severe local seborrhea and also mosquito bites have acted as an exciting cause. While the general health does not seem to be disturbed, there is generally some nutritive derangement.

Pathology:—The capillary blood-vessels of the part are dilated and permit the escape of new cells into and between the glands. This engorgement may be reabsorbed and leave the affected parts in their normal condition, but the tendency and most common result is to produce atrophic changes in the tissues, leaving them in a cicatricial condition.

Diagnosis:—Lupus erythematosus is easily recognized by its chronic character, its location, the central depression and the peculiar red color of the advancing border. It is known from lupus vulgaris, by its implication of the sebaceous glands and its location in the superficial layers of the skin. Some stages of eczema may look very much like lupus, but the former does not leave scars and is more rapid in its changes.

Syphilis may be excluded by the history and the color and location of the lesions.

Prognosis:—The prognosis as regards life is good. The disease is very intractable and may suffer relapses, but in time is curable. Cicatrices and loss of hair are to be expected.

Treatment:—The treatment consists first in the exercise of good hygienic measures. Such remedies should be selected for internal use as the impaired condition of the general system may require. As a general thing, scrofulous or tubercular conditions, with poor nutrition, will be found. For these conditions, a selection can be made according to indications, from specific stillingia, iris, phytolacca, prunus, berberis, nux., Fowler's solution, the iodides, or the hypophosphites.

Local Treatment :—The local treatment consists in the application of agents to cauterize and destroy the disease, followed by soothing applications to heal the abraded surface. In the use of these agents, the possibility of disfigurement must be considered. If mild applications will do the work, they are preferable, in view of final results, to the harsher means. Good results often follow the use of green soap, or green soap and alcohol. Frequent, small incisions around the margin, followed by the application of zinc oleate has met with considerable success. Where stronger applications are needed to control the disease, the acids, caustic potash, acid-nitrate of mercury, or the chloride of zinc or arsenical pastes may be used, with care. The latter agents should not be used without a clear understanding of their action, and should always be followed by some suitable soothing application.

LUPUS VULGARIS.

Symptoms :—Lupus vulgaris first manifests itself by the appearance of numerous, discrete papules, or tubercles, forming one or more patches. These little elevations are situated beneath the epidermis, but the latter becomes thin and almost transparent, permitting their color, which is a dark red, to be seen through it. This gives the skin a punctated appearance. By palpation, they are found to be a jelly-like consistence, as a rule, but may sometimes be firm. These elevations continue to increase in size, very slowly, for months, and may remain discrete and cease to grow and finally disappear by absorption, leaving the skin depressed and covered with light adherent scales; or they may coalesce, break down and form superficial ulcers, which have a viscid discharge, that some times dries up and forms thin, brown, adherent crusts. When the base of the ulcers are exposed, their color is dark red, with sometimes a slight tendency to granulation. These ulcers finally heal up, leaving their characteristic cicatrices. This variety of lupus occupies about the same locations as the former, but is apt to cover more surface, as well as to involve the mucous outlets. At first it is painless, but later may become sensitive to the touch. It also causes alopecia.

Etiology :—Lupus vulgaris is a rare disease in the United States. It is more prevalent in the country than cities. It affects both sexes about equally. It appears during childhood and does not appear after that age unless it has been present before. It is not hereditary, but as a coexistent condition either the patient, or the family of the patient, will reveal a history of some tubercular affection.

Pathology :—The capillary vessels leading to and into the papillæ, become dilated. The connective tissue becomes infiltrated with small, nucleated cells, in and around the papillæ, until the capillaries, from outside pressure, become reduced to their normal size, the pressure, at the same time, interfering with further deposits. This side pressure no doubt gives the diseased vessels an opportunity to recover their normal tonicity. During this period, which may cover con-

siderable time, the tubercles do not increase in size. If erysipelas attack the part during this dormant stage, it virtually floods them, and carries the deposits away with it. While the growth of the tubercles is at a standstill, fatty degeneration of the deposits takes place, resulting in partial absorption of them, as well as the destruction of the glands. This is followed by contraction of the connective tissue, causing cicatrices of the parts involved. When ulceration takes place, it is caused by complete obliteration of the blood vessels in the part, caused by the contraction of the connective tissue, which renders the mass a foreign substance cut off from the living tissues, which the neighboring, living parts proceed to throw off.

Diagnosis:—This disease appears before puberty. The lesions develop very slowly, in patches of papules or tubercles, and result in cicatrices. Syphilis may be excluded as a disease developing hard tubercles, of a coppery hue, very rapidly. Lupus erythematosus is a disease of adult life. Epithelioma is hard to the touch, painful, develops rapidly and is confined to one locality, while lupus vulgaris is jelly-like in consistence, lacks subjective symptoms, develops slowly and may occupy several locations.

Prognosis:—The prognosis as regards general health is good, but patients may occasionally die of tuberculosis of the lungs. The disease may be cured, but relapses frequently follow. The less surface involved, the better are the prospects of recovery. Disfigurement from scars is a certain sequence.

Treatment:—As this disease is closely allied to tuberculosis, one of the first considerations is the establishment of good hygienic conditions. Fresh air, sunshine, baths, pleasant surroundings and good wholesome food, do much to improve the general health.

General treatment:—Internal medication should be directed toward the relief of any constitutional maladies that may exist, with particular attention to tubercular tendencies. Healthy activity of the skin, kidneys and bowels should be maintained. The various solutions of arsenic, compounds of iodine, berberis, ergot and remedies that have decided action on the skin should be carefully studied in this connection.

Local Treatment:—The indications are to cause rapid, destructive inflammatory action in the nodules. To produce this result, specific thuja, or specific uvedalia, full strength, or in a 25 or 50 per cent. solution may be injected into each tumor. A 10 per cent. solution of iodoform in glycerine may be employed in the same way. An ointment, made of chrisophanic acid and lard may be applied to the tops of the nodules. The fresh juice of alveloz, painted on the growths, will excite inflammatory conditions of sufficient severity to destroy them. Applied to an ulcer it will cause a copious, purulent discharge, excite healthy granulation and is comparatively painless. Jequirity seeds can be let stand for a day in a little water, then triturated into a paste and applied; this will destroy the diseased tissues. Caustics may be

used to destroy the center of the tumors, allowing the edges to slough off, with a view to cause as small amount of scarring as possible. The curette can often be used to advantage, the denuded surface afterwards being cauterized. Where there are suspicions of epithelioma, the knife should be used at once, taking part of the surrounding healthy tissue with the diseased structures.

LUPUS EXEDENS.

Symptoms :—Lupus exedens generally appears on the face, as a single, soft nodule, of a larger size than in lupus vulgaris, but otherwise corresponding in appearance. These tumors gradually increase in size for years, probably having a long stage of inactivity. Sometimes the activity of this disease is very rapid, destroying the nose, an eyelid, or attacking the throat with very distressing and destructive results. The ulcers following this form of the disease, are deep, with soft, ragged and undermined edges. The fingers are sometimes attacked, the nails and matrix remaining healthy, the bones and tissues being destroyed until the nails project from the ends of the metacarpal bones, with every appearance of that having been their natural position.

Etiology :—This disease appears at any time of life, but fortunately is quite rare.

Pathology :—The pathology of this variety is similar to that of lupus vulgaris, but there is a tendency of the epithelial layer to dip down into the corium at the edges of the cicatrices, frequently resulting in epithelioma. It is regarded as epithelioma in the beginning by many, but as it is a soft structure, which may exist for years, being dormant for months at a time, and as these conditions are not the nature of epithelioma, I think that condition can be excluded as existing primarily.

Diagnosis :—The slow development of a single soft tumor on the face, is sufficient to disclose its nature. The lesions of syphilis and lupus vulgaris are excluded by being multiple.

Prognosis :—The early recognition and immediate complete destruction of this disease, is the only hope for the patient. Scars are an unavoidable result.

Treatment :—The treatment given for lupus vulgaris will answer. The knife is the best means of procedure.

TYPHOID FEVER*

By George A. Faber, M. D., Waterbury, Connecticut.

THE name fever is applied to a class of diseases characterized by a quickened pulse and a rise of the temperature of the body; these are divided and sub-divided. Perhaps no two are more confounded than synchoid, or common continued fever, and typhoid.

* Reprinted from Transactions National Eclectic Medical Association, 1899.

It is an exception to find a physician who will distinguish between the two. My opinion is one of two things: they are either aiming to build an imaginary reputation to cure typhoid, or are unable to comprehend the difference.

I am a subscriber to one or more journals of the three recognized Schools of Medicine and it is with much interest that I watch the articles contributed on typhoid, and so seldom a paper on synchoid, or common continued fever.

The cause of this, as well as typhoid fever, I will not attempt to discuss, as the text books give pages of recognized facts, but will give briefly the differential diagnosis and the conditions which, in my opinion, make the two distinct.

Symptoms of Synchoid Fever.—The stage of incubation is generally of some days, although it may be brief. The patient complains of languor, indisposition to exertion, loss of appetite, irregularity of the bowels, constipation, dryness of the skin, more or less pain in the head and back, soreness of muscular tissue. These symptoms increase until followed by coldness and a marked chill. The chill shortly alternates with flushes of heat until febrile reaction is established.

With the development of reaction, the skin becomes hot and dry, the urine scanty and high colored, and the bowels constipated. The mouth is dry and the tongue coated; usually with a dirty white or yellowish coat, on, or near the base.

This is often accompanied with nausea, but when the coating is not heavy, we frequently have the elongated tongue with reddened edges, and more or less vomiting to overcome.

The condition of the nervous system varies, sometimes the patient is restless, uneasy and watchful, the special senses being acute. At others, he lies torpid and is not at all disturbed at what transpires around him. In either case there may be headache. In the former we have a determination of blood causing the acute trouble, and in the latter a disagreeable sensation of heaviness and oppression.

The symptoms above named may increase in intensity for several days, with but little change—except increasing debility—unless very much complicated, then, if it does not terminate by the establishment of secretion, either naturally or by medicine, we have symptoms of deterioration of the blood and prostration. After a variable length of time we have a low type of fever next in variety to typhoid; less the disease of Peyer's glands, typhomania, sordes on the teeth and the marked prostration.

The complications with the fever are numerous and generally of an inflammatory character. Bronchitis frequent attacks the patient after a few days and causes great annoyance; but the lung substance is seldom involved.

We often have a catarrhal affection of the stomach and bowels which causes much indigestion, a sense of fullness and distress and pain, tenderness and diarrhoea. Then again we may have the cerebro-

spinal centers involved. This is the form called nervous fever. There is a great irritability and restlessness in some cases, and the cerebral affection being intense, it speedily develops into a typhoid fever and the case proves fatal in a few days.

Treatment.—When first called we invariably find the patient very restless with headache, fever, etc. After two or three days there is present a characteristic condition of this fever, a high temperature and a low pulse. Consequently we are unable to give direct sedatives on account of depressing the action of the heart.

My list of sedatives employed are aconite, lobelia and gelsemium. Antiseptics must play an important part. My favorites are sodii sulphite, baptisia tinct. and echafolta with one or two $\frac{1}{4}$ gr. tablets of ext. nux. When the bowels become slightly tympanitic, apply spts. turpentine and sweet oil; carbo-veg. trit. and bismuth subnitrate will invariably control the diarrhoea when present. Insomnia, as a rule, is easily controlled.

These conditions seldom last over 24 to 48 hours; they may attack the patient several times during his siege and yet not develop into typhoid fever.

It is necessary at times during the course of this fever, which runs from 2 to 4 weeks, to administer restoratives; spts. frumenti and xanthox. frax. are the most reliable and effective.

In my experience regarding diet, cow's milk seldom agrees with the patient and I am extremely cautious about giving it, and thereby avoid much trouble. My list of food are "malted milk," "imperial granum," "Mellin's food," "borax and Wyeth's beef juice." The beef juice makes a delicious cool drink, and when proteids are tolerated is frequently taken with a relish.

The prognosis of this disease should be favorable, unless the complications are numerous and intense, and no physician is justified in losing one of these cases.

PASSIFLORA.

By H. C. Smith, M. D. Florence, Neb.

ON page 257 of the May Journal I noticed the following from the pen of Dr. A. C. Musgrave, viz. "Passiflora incarnata is a good antispasmodic in many cases, especially where the trouble is of nervous origin and not due to any stomach or intestinal wrong."

This brings to mind some experience and study of my own as to passiflora which cause me to believe that he should have eliminated the part concerning the stomach and intestines.

A gentleman of some 60 odd years of age came to me complaining of distress in the stomach after eating and an inability to sleep. Symptoms called for the active principle of carica papaya (pawpaw) which I gave him in 5 gr. doses before each meal. He took 6 doses.

Also sp. *passiflora* which he got in 7 drop doses every 3 or 4 hours. Previous to this for 2 or 3 years he had taken Stearn's *kasagra* as a laxative, regularly, which he did not have to do while taking the *passiflora*.

Several times I have given the caroid in the minimum dose (2 or 3 grains) and have had to decrease the dose on account of its action on the bowels, and I might think it was the action of the caroid in this case if it were not for the fact that he only got 6 doses of the drug, while the action kept up during the next ten days or as long as he took the *passiflora*. In studying *materia medica* I find that *carica papaya* is a member of the *passiflora* family, so why should not their actions be similar?

I have had other experience that leads me to believe that *passiflora* acts on the gastro-intestinal tract. The best "soothing syrup" I know of for babies who moan, kick, and fuss all night without any acute or severe colicky pains, and there may or may not be vomiting, is a combination of *passiflora* and *matricaria* in small doses. It replaces *paragoric*. I would like to have Dr. Musgrave's reasons for believing that *passiflora* does not relieve intestinal wrongs. Would also like to hear the results of other people's experiences with these remedies. I believe they act through the nervous system, at least secondarily. Caroid acts primarily on the undigested food in the stomach, facilitating absorption and passage through the intestines. Will some of the Journal readers tell me whether it acts through the sympathetic nervous system, the solar plexus, or some other way?

RHEUMATOID ENDOCARDITIS.*

By W. T. Johnson, M. D., Pawnee City, Nebraska.

ANATOMICALLY considered, the endocardium means the thin transparent membrane lining the interior of the cavities of the heart, and reflected over the valves and muscular folds, and is continuous on the left side with the lining membrane of the aorta, and the pulmonary artery and the large veins on the right.

Pathologically considered, the endocardium includes all the structures inside the heart, not only the lining membrane but also the fibrous rings and valves. Endocarditis is a term used to designate any inflammation of the endocardium, and is divided according to duration and intensity of symptoms into acute and chronic endocarditis according to its pathological characteristics, into simple, septic, and sclerotic endocarditis. Endocarditis is generally caused by some infectious process, and the endocardial inflammation is consequently a secondary disease. Its more common causes are rheumatism, pneumonia, septicopyemia and tuberculosis.

* Reprinted from Transactions National Eclectic Medical Association. June, 1899.

I desire to consider endocarditis as caused exclusively by rheumatism and affecting the joints and sheaths of tendons and muscles.

It is an accepted theory that endocarditis results from the accumulation of the organisms of infection upon the endocardium, and it is estimated that from 60 to 80 per cent. of the cases are caused by rheumatism. It is also conceded that one-third of the cases of acute articular rheumatism, in early life, are complicated with endocarditis.

The morbid changes which take place in acute rheumatic endocarditis are first a multiplication of the cellular elements of the fibrous parts of the valves, with a consequent thickening of the fibrous structures. As a result of this thickening, the endocardial coverings of the valves are made unduly prominent. This causes them to rub against each other during the latter part of their closures. The friction produces irritation and roughening of the surface of the valves at the point of contact; this roughening is what produces the physical signs of endocarditis and comes comparatively late in an acute rheumatic attack.

In my experience, I have not been able to detect it in less than thirty days from the onset of the attack, and I believe that there is no way of telling when the endocardial membrane is first involved.

The gravity of an attack of articular rheumatism lies in the probability of endocardial inflammation, and its seriousness is due to the portion of the valves that are in contact during the inflammatory condition.

The function of the endocardium is to present a smooth surface to facilitate the onward flow of the blood and has the same function to perform as the greatest arteries and veins. Neither in the heart nor the arteries does this lining membrane tend to become inflamed, and when this does occur it shows no tendency to spread for the endocardium is destitute of vascular vessels.

The injurious results of endocarditis are not confined alone to the valves; thickening of the fibrous rings of the aortic and mitral valves may result in aortic and mitral obstruction.

Rheumatic inflammation of the fibrous textures of the heart is comparatively free from pain, while inflammation of the fibrous structure of the joints is very painful. The affection of the joints is transient and readily recovered from, while that of the heart is apt to be permanent or yields very slowly to treatment. Here are two opposite results from the same cause. Various attempts have been made to explain this difference. The most simple and adequate reason is found in the fact that in rheumatic inflammation of the joints perfect rest can be obtained and the diseased fibrous structure placed in the best possible condition to recover, while the inflamed fibrous tissue of the heart not only cannot rest but is actually obliged to perform more work because of its diseased condition.

Endocarditis usually develops insidiously, and its presence may be discovered accidentally, or it may announce itself with violent and alarming symptoms.

The distinct effects of the endocardial inflammation must be briefly considered. The interference with the action of the heart, from the irritation produced by the infection of its lining membrane, disturbs the supply of blood to the various organs of the body. The most characteristic symptoms are furnished by the process of embolism which is a result of the thrombotic masses that are thrown off from the endocardium and are carried along the blood current and lodged in distant parts of the body. The brain is a common place where such masses are deposited, and the branches of the left carotid artery are frequently occluded as that artery lies more directly in the course of circulation. Obstruction of any large branch may be followed by partial loss of consciousness, or even coma with hemiplegia or aphasia.

The majority of cases of apoplexy occurring in youth, or middle age, where they have had even slight attacks of rheumatism, are due to embolism rather than cerebral hemorrhage as is generally supposed. A careful examination of the heart should be made in all cases of apoplexy in early life.

In my practice I have witnessed one case of embolism of the lungs where the occlusion was in the blood vessels and occurred during an acute exacerbation of chronic rheumatism. The symptoms, in this case, were dyspnoea, cyanosis and suffocation. There was an expectoration of frothy mucus with blood. This was probably an occlusion of a branch of the pulmonary artery, and it resulted in death in a few hours from the first appearance of the symptoms of embolism.

The treatment of acute endocarditis resolves itself into the treatment of the originating disease, and relief of the heart symptoms. The patient should be kept as quiet as possible, the heart spared all extra effort, the mind kept at ease, as far as can be, and proper food administered.

As I consider the endocardium is infected either by the blood which circulates through its chambers, or through those vessels which penetrate its deeper structure, I prescribe *echafolta* for rheumatoid endocarditis with more certainty of benefiting my patient than with any other single remedy. With the *echafolta* *bryonia* can be combined with good results. Of the salicylates I prefer the salicylate of ammonium when endocarditis is a complication of articular rheumatism. In rheumatoid endocarditis, with an irregular pulse, *gelsemium* and *cactus* usually correct the irregularity.

The prognosis should be favorable when the case is properly treated, but if mismanaged the inflammation generally becomes chronic and results in some of the various forms of valvular disease with all their unpleasant and distressing complications.

TEN COMMANDMENTS.

For the Nurse in the Sick Chamber, not by Moses, but by
G. E. Potter M. D. Newark N. J.

1. Thou shalt remove surplus rugs, furniture, etc., and make ample room for your work.
2. Thou shalt maintain perfect ventilation without draughts.
3. Thou shalt keep the patient clean and quiet.
4. Thou shalt foresee the needs of your patients, don't let them ask for everything.
5. Thou shalt promptly remove and burn all sputum and thoroughly disinfect all culinary utensils and vessels used by the patient.
6. Thou shalt restrict visiting, loud talking and above all whispering in the sick chamber.
7. Thou shalt not ask the sick what they want to eat; rather say, "I have prepared something dainty, and I want you to eat it".
8. Thou shalt not annoy the sick by telling your troubles, sad experiences, and *all* you know.
9. Thou shalt let in the sunshine and try to be a sunbeam yourself.
10. Thou shalt remember that the tenth commandment is to mind your own business, follow directions faithfully, cheerfully and promptly, and the sick will arise and call you blessed.

PNEUMONIA.*

By H. D. Quigg, M. D., Blackwater, Missouri.

AMONG the many varieties of pneumonia, as classified by various writers, I desire to call your attention, at this time, to only two, viz:—catarrhal and croupous pneumonia.

Catarrhal pneumonia may attack either, or both lungs. It may be deep-seated in the lung tissue, thus making the diagnosis difficult, or near the surface, rendering the diagnosis easy. Pleurisy is a frequent complication, making its presence known by the sharp cutting pain in the side which increases as the patient attempts to take a long breath. Cough is nearly always present, and the brick-colored sputa is a pathognomonic symptom of pneumonia. The respirations are rapid—from 28 to 50 per minute—and depend upon the amount of lung tissue involved and the height of the temperature.

The cheeks, one or both, frequently have a deep crimson flush, and it has been thought that the flushed cheek indicated the lung which was involved; this is an error, for many times the trouble is located in the opposite lung, and often both lungs are affected without the cheeks displaying the crimson flush.

A number of consolidated lobules may form in either or both lungs and coalesce until the whole lobe of the lung is involved. The dullness is usually more manifest posteriorly.

*Reprinted from Transactions National Eclectic Medical Association, 1899.

Croupous pneumonia presents practically the same line of symptoms as the catarrhal form and a positive differentiation is more easily made by post mortem than otherwise.

The diagnosis of pneumonia is comparatively easy, though not always. The history of a cold, a sudden chill—many times amounting to a rigor, a high fever, pleuritic pain, hurried respiration, brick dust sputa, quick pulse, characteristic rales on auscultation and the area of dullness on percussion all combined should make a clinical picture that may be readily recognized.

The statement has been made that modern medication has not curtailed the mortality of this disease. I believe this is largely due to the errors of diagnosis which existed 40 or 50 years ago. To-day many cases of pneumonia are recognized which at that date would have been overlooked.

I desire, however, to give my attention to the treatment rather than to diagnosis or etiology.

I hope none of our school will ever be properly classed as routinists, yet in the majority of pneumonias I use nearly the same treatment. The temperature of the room should be about 70° to 76° F. and should be thoroughly ventilated, but all drafts must be avoided. Two to three pints of liquid nourishment—preferably milk—should be given during each day and night. Should signs of exhaustion appear, at any time, stimulants may be given in sufficient quantity to meet the emergency. If a laxative is required, there is nothing better than castor oil with a few drops of turpentine at each dose. For the pleuritic pain apply equal parts of olive oil and turpentine, hot, over which is spread a hot mush poultice, to be reheated and applied as occasion may demand. Should this fail in eradicating the pain use a blister of cantharidal collodion over the painful area. Where the necessity for the relief of the pain is urgent a hypodermic of morphia— $\frac{1}{4}$ grain—can be given. This will reduce the temperature and give several hours of quiet rest.

As tonics and stimulants to the nervous system in general, and the respiratory center in particular, 2 grains of quinine sulph. with 1-40 grain strychn. sulph. are combined and given every four hours; should there be much restlessness add 4 grains pulv. ipecac comp.

Of all the remedies at our command, the best, in my judgment, is spec. veratrum viride. It can properly be called the sheet anchor. Other remedies when compared with it sink into insignificance. The prescription is:

R—Spec. Veratrum Vir. 24 drops: Aqua 12 oz. Sig. Teaspoonful every two hours.

Should the heart's action be extremely weak and rapid and continue so for 24 hours without improvement under the veratrum, it should be withdrawn. This remedy is as near a specific for pneumonia as quinine is for the intermittent type of malaria. It is said that veratrum bleeds the patient into his own blood vessels; this may be an

error, but certainly when indicated—and it is indicated in nearly every case of pneumonia—it is a heart tonic fully equal to digitalis. It slows the heart's action within 24 hours, and the pulsations become full, free and strong. Within 48 hours the pulse should drop to 65 or 70 beats per minute; if this result is not obtained a larger amount of the drug should be given at a dose.

With the lessened pulse rate, the fever falls to a safe degree, secretion is established, breathing is more easy, expectoration is free, the tongue clears, the bowels move without a laxative, the kidneys act freely—in short the disease comes to a safe and rapid termination. If given early, in efficient doses, veratrum will abort the disease.

Where danger is imminent from great cardiac weakness spec. digitalis should be given in two drop doses every two hours, and 1-100 grain of nitro glycerine as often as required.

After the backbone of the disease has been broken other remedies are indicated. Profuse perspiration may be checked by a cold infusion of sage; should this not check the weakening loss you may use sulphuric acid, or atropia. Syr. scillæ and ipecac will relieve a protracted cough. Tr. mur. iron, and nux vomica act as tonics, appetizers, bloodmakers and tissue builders. Usually no other remedies will be needed.

THE PROPER CONDITIONS FOR DIAGNOSIS OF TUBERCULAR LOCALIZATION.

A Series of Clinical Studies carried on by Drs. A. Robin & M. Binet.

Published in the Bulletin de l'Academie de Medicine, Paris, France,
and Translated by Prof. J. A. Jeancon, M. D.

DURING the last few years of the past century, in the struggle against tuberculosis, the medical profession was pre-occupied only with the chase after the bacillus tuberculosis itself, and the rules of hygienic prophylaxis which were prepared by the Academy of Medicine and recommended by its official committees were all directed against the infection itself (that is, the bacillus tuberculosis).

Reviewing the progress realized in the study of the propagation and the nature of the microbe, and the means of treatment of the ailments caused by it, it is found that the immense work done in the investigation of Koch's bacillus, no substantial benefit has been derived so far. Today the *sanatorium* for which an endless enthusiasm is everywhere manifested in the profession constitutes only the sum total of the therapeutic means of pulmonary tuberculosis, and yet its real efficacy consists only in an early diagnosis of the disease, but with it still inadequately determined.

The knowledge of the conditions which make the human organism a prey of the infecting bacillus—in other words, the knowledge of the local condition of tissues during the process of infection—would no doubt give a more proper idea of the nature and necessity of the pro-

phylaxis and treatment required than the frequently vain and useless search for the bacillus itself. If a peculiar mode of dieting or treatment by a specific mode of nutrition could ever be discovered for those predisposed to tubercular consumption—if, in one word, a clear and well defined therapy could be found and applied, and if we could make an early diagnosis of the disease itself, then only would a real prophylaxis become possible, especially applicable in the beginning stages of tuberculosis.

Now, since the struggle of the organism against the bacillus itself has so far only revealed the necessity of antisepsis for the patient, and yet so far all have proved a failure in the treatment of tuberculosis, it seems more natural for the present to let that noxious microbe alone and try to discover what are the local conditions so favorable to localization of the bacillus in the organization, and allow its permanent existence there. In finding out those local conditions we will be able to solve the so much needed problem of its prophylaxis and treatment.

2. A knowledge of the causes which make the human organism a victim of the tubercle bacillus, would first of all lead to the ability of diagnosis of its localization at as early a period as possible, and its treatment would then become a possibility. Then with an early recognition of its morbid peculiarity it would become easy to differentially classify and treat it.

3. To direct the treatment in a well confirmed case in such a manner that success might follow where failure was met with hitherto. In fact, instead of looking out for a microbe, we should examine the local conditions predisposing to tuberculosis and improve them.

Researches have been carried on the past seven years upon 392 patients, and by upward of 1,300 examinations of the respiratory mechanism, and these allowed us to resolutely broach the subject, and to gradually overcome the obstacles in the way of a solution of the problem existing in the malnutrition peculiar to and pointing distinctly to tuberculosis.

4. Of the local conditions of phthisis there are some which we even now to some extent are able to make known. The first is, *the organic demineralization* which Alibert has already indicated as always existing, and which he has already studied in its wider sense and in broader lines, and has been followed up without letting up thanks to Bouilhon and Bournigault, which will constitute our own ulterior communications. The second is the peculiar respiratory modification of the exchanges of the bodily gases and the respiratory *products*, all of which upset all current medical and popular ideas on the subject. It used to be universally believed and also stated that tuberculous persons breathed less than non-tuberculous, that is to say that the respiratory acts and the hematosis of consumptives are so much lowered, the more the pulmonary tissues are involved; that there is *oxygen starvation* in phthisis, and that for this reason the treatment of the lesion should consist in increasing the quantity of pulmonic ox-

ation or its phenomena of respiration. But this is really not at all the case. It is true that the respiratory exchanges are increased in tuberculous persons far above those of non-tuberculous, sometimes even to many per cent. Only 8 per cent. of patients affected with tuberculosis showed, on close examination, some exception to this condition, and these only a temporary reduction. Now there are these fundamectal facts deduced from these researches.

3. The respiratory mechanism of tuberculous persons constitutes a *special type* in its relation to the respiratory capacity in centissimal proportion of the exchanges of the gases breathed, the expired air, ventilation, and the volume of carbonic acid exhaled, and the oxygen taken in and fixed in the tissues during well determined periods of time, in relation to the bodily weight of the individual.

The following tables show certain types of respiration in a comparative manner between tuberculous and non-tuberculous :

Table 1.—Mechanism of a typical case of chronic pulmonary phthisis, compared with the respiratory mechanism of a healthy person. Without stating the details of the results obtained in the researches, it can be stated that pulmonary ventilation increases in tuberculous persons, in females 1.10 per cent., in the male 85.5 per cent.

2. The expired carbonic acid in a minute of time, and in the ratio to kilogram weight of the person, increases 86 per cent. in females, and 64 per cent. in males.

3. The total quantity of oxygen consumed increases 100.5 per cent. in the female and 70 per cent. in the male.

4. The quantity of oxygen which can not be made use of to form carbonic acid, but which is nevertheless absorbed by the tissues, increases 162 per cent. in the female, and 94 per cent. in the male. This remarkable characteristic of the exchanges exists in all forms of pulmonary phthisis without exception, as shown by thousands of experiments.

5. In chronic pulmonary consumption with presence of fever, there is usually a slight reduction of the excesses of the exchanges.

6. Exaggeration of gaseous exchanges exist in all stages of pulmonary consumption. As the disease progresses, the respiratory capacity of the lungs diminishes, as well as the centesimal proportion of the respiratory gases.

7. The exaggeration of exchanges in their excesses usually lasts till death. Where the lungs become infiltrated with tuberculous matter, and cavities take the place of destroyed tissues, it would seem that a limit would be set to its distinctive progress; yet such is not the case. This exaggeration of the exchanges keeps on at nearly an even pace. This can be found by close and long observation of consumptive persons. It is found that this condition remains and passes from one phase to another; that is, from a higher grade of exaggeration to another, when conditions of the individual do not improve or become modified with the amelioration of the respiratory ap-

paratus under favorable modes of vitality. The whole mode of breathing in and out becomes changed. This proper conclusion was obtained from a series of careful observations of 92 per cent. of the consumptives under treatment and respiratory experiments. We must now examine how the chemical changes are modified in cases of non-pulmonic localization.

1. In Pott's disease, that is, in cases of osseous tuberculosis, or in tuberculosis of the testicles, and in tubercular pleurisy and tubercular adenitis, there exists also exaggeration of the respiratory exchanges. But when the lung tissue itself is not injured, then respiratory capacity and centesimal proportion of the exchanges of the gas remain nearly normal.

2. In tubercular meningitis and in tubercular peritonitis, there is no exaggeration of the exchanges. It is also well known that in enteritis and in diarrhea, the exchanges are, on the contrary, reduced in quantity and extent.

In localized lupus, where the bacillus of Koch is as it were, quite at home, yet, in not becoming generalized in the whole organism, the respiratory exchanges are not much modified; they are even often reduced in extent.

We took advantage of the constancy of respiratory exchange exaggerations to thoroughly learn their proper mode of action in all those affections which might be confounded with pulmonary phthisis, with the following results of the differential diagnosis:

1. In typhoid fever there is slackening or reduction of those exchanges much below the normal, in all its forms.

2. Grip causes some exaggeration, something like that found in phthisis, yet not so exaggerated.

3. Simple pleurisy, the respiratory capacity is lessened, the thoracic ventilation much less active.

4. In emphysematic bronchitis the respiratory exchanges are usually feeble.

5. In chlorosis respiratory action is less active, less frequent respiration, yet its capacity is raised; so also the pulmonic ventilation is less active, exchanges also less active.

6. Nephritis, exchanges much less, often subnormal.

7. Exophthalmic goitre, exchanges high graded, sometimes even higher than in pulmonary consumption, with preservation of respiratory capacity.

8. Chronic enteritis, exchanges less.

9. Atrophic cirrhosis, exchanges very often quite subnormal.

10. Diabetes mellitus, exchanges clearly above the normal, yet not of the consumptive type. This usually modified form of exchanges explains why diabetes is liable to become complicated with pulmonary consumption.

11. Hemophilia, respiratory exchanges somewhat increased, yet but little oxygen is absorbed by the tissues. Respiratory capacity not injured.

12. Cardiac astyolia, respiratory exchanges much reduced.

13. Myxœdema, respiratory exchanges very moderate and feeble; respiratory capacity weak.

We may thus conclude from the experiments that in all doubtful cases, where there is difficulty of making a proper differential diagnosis between tubercular pleuritis and non tuberculous, kilogram weight of person, mean of three cases examined—

	CUBIC IN.	CUBIC IN.
Carbonic acid produced.....	5,453	4,591
Total oxygen consumed.....	7,349	5,896 cc.
Oxygen absorbed by tissues.....	1,896	1,105

The exchanges are higher in tuberculous pleuritis than in the ordinary forms. The oxygen absorbed by the tissues is upward of 70 per cent. more.

From the very beginning of our researches we were astonished to find the great constancy of the increase of the respiratory exchanges during every period of the pulmonary tuberculosis; even at a time when a physical exploration of the thorax did not reveal any perceptible lesion in it. The first hypothesis on our part to explain why there existed an increase of the respiratory exchanges, was that the body acts in self defense against the tubercular invasion; yet we could not understand why there should be such a constancy from the very beginning of the morbid process, and remain the same in all stages. But after a long series of experiments upon men and animals in great variety of manner, we were led to the hypothetical conclusion that tuberculosis is a form of consumption manifested especially by exaggerated respiratory exchanges, and a disintegration of the bodily tissues, making it fit for the invasion of the tubercle bacillus.

This fact once discovered and verified, it becomes only a question of time for the discovery of the ways and means capable of modifying the tuberculous process that is to diminish the *demand of the bodily tissues for oxygen*, and supplying to it other substances as substitutes, and thus reconstruct them on a basis where the living cellular elements are kept out of the way of destruction by this consumptive process.

The prophylaxis of pulmonary tuberculosis can consist neither in public nor private sanitation. It is not enough to remove the bacillus from the tissues, but the affected person should be placed in such a position as to correct and improve all the vital processes.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

INJURIES OF THE EYEBALL.

The general classification of lacerated and contused wounds of the eyeball will cover the injuries which are most likely to produce serious results.

Small foreign bodies, such as cinders, grains of sand, or even emery flying into the eye from an emery wheel, are not likely to produce serious changes.

When a body strikes the eyeball with considerable force, especially over the ciliary region, even without rupture of the globe, the prognosis should always be guarded, as there is danger of the inflammatory action in the ciliary region being extensive enough to cause destruction of the injured eye, and sympathetic ophthalmia, so called, is not an infrequent complication.

The ciliary region has been recognized among oculists as the danger zone. Rupture or lacerating wounds of the eyeball are always serious, and the danger to the integrity of the eye does not in all cases depend upon the extent of the lesion, but whether infective material is carried into the eye with the penetrating body.

S. I., age 24, Blanchester, O., farmer, presented on Nov. 15, 1900, with the following history: On the 9th, while doing some work and driving a nail, the hammer glanced, and the nail, not being firmly imbedded in the wood, flew back and struck the left eye over the ciliary region, the force of the blow being below the cornea, and the corneal tissue itself evidently not having been injured. The appearance of the eye indicated that the globe had been slightly ruptured, and although the corneal tissue was quite cloudy from iritic changes, so a good clear view of the iris and pupil was impossible, there evidently was displacement of the pupil downward and outward toward the point of impact. Tension minus 1. No light reflex was obtainable, and perception of light was nearly destroyed. An enucleation was advised, but rejected at the time of the visit. However, a few days later received word to go to his home and remove the eye, which was done on the 22d of November.

Assisted by Drs. Norman and James, chloroform was administered, and after some difficulty the eyeball removed. The right eye at the time was showing some hyperemia and a slight sensitiveness to light.

On opening the enucleated eye, found as anticipated a disorganized vitreous, pus being present in large quantities, but there were a few beads of vitreous that had not yet become infected. The patient made a good recovery, and has had no trouble so far as heard from.

PENETRATING WOUNDS OF THE EYEBALL.

In penetrating wounds of the eyeball not only the location of the lesion, but also the character of the body, will have an influence on the results. Many cases in which a clean sharp substance penetrates the eyeball, the vision is not destroyed, but if the object is some corrosive metal, the danger to the eyeball is very much increased; also where the object is dirty. When the lens is injured cataract is almost sure to occur, although in some instances there will be only a slight haziness at the point of penetration. If the object penetrates the iris

before entering the lens, an iritis will always occur. This is a complication that sometimes proves serious, especially if neglected. If the iris is not injured, the integrity of the eye may not be threatened. When the object is septic or dirty, there is little chance of a good recovery.

The following case presents some peculiarities which are rather unusual in injuries of the character just mentioned :

C. E. C., age 55, market gardener. Referred by Jesse Hunter, M. D., of Lockland, O., March 20, 1901. The following history was obtained : Six weeks ago, he was trimming an osage orange hedge, and was cutting some of the dead growth ; the ax glancing, a branch struck him in the left eye. Claspings his hand over his eye, he said there was a sensation as of a hot gush of tears, and his first impression was that he had put out his eye. The pain subsided in a few minutes ; he opened his eye, and said he could see as well as ever. Continued his work until evening without any serious discomfort. After the evening meal he was sitting reading the paper, when his eye commenced to pain him very severely, and remained painful for ten days or two weeks, then became easy and did not have any further discomfort until March 17, when the eye commenced paining him again. The pain became more and more severe, and the evening of the 17th he went to see Dr. Hunter, who referred him to me.

Examination revealed the following condition : Hypopyon, cornea cloudy, iris muddy, pupil occluded with exudate, tension plus 1. At the outer inferior quadrant of the cornea a small point could be detected, which probably was the point of entrance of one of the thorns of the osage orange which had evidently penetrated the iris and lens also, but of this I could not be positive on account of the inability to examine the structures carefully. There was simply perception of light. Diagnosis was traumatic iritis, and on account of the increased tension with occlusion of the pupil and possibly complete adhesion of the iris to the lens, a glaucomatous condition might also be present. Gave the patient an opiate for the night, directing him to return to the office next morning, so that it would be possible to keep him under observation long enough to determine whether glaucoma was present or not ; but advised enucleation, as there was hardly a possibility even of the eye ever getting in shape to be comfortable. This, however, was rejected.

On his return to the office, scopolamine hydrobromate solution was used and seemed to have a beneficial influence on the condition. It however, was impossible to get dilatation of the pupil, excepting a very slight amount at the upper portion. In a few days vision was entirely destroyed although the pain was not so steady nor severe as it had been. Internally he was put on aconite and jaborandi. After considerable persuasion he consented to go to Seton Hospital and after a few days also consented to removal of the eye.

The operation was performed at the hospital on the 9th of April, as

I refused to delay any longer, although the eye was feeling more comfortable, as I was confident there was pus forming in the vitreous, the tension having become minus to a marked extent. Operated under chloroform anesthesia. On opening the eyeball found foci of pus throughout the entire vitreous. A later careful examination showed that the thorn of the osage orange had penetrated the cornea, iris and lens, leaving a small black point of material at the bottom of the wound. The patient made an uninterrupted recovery.

The earlier these operations are performed the better, when there is no possibility of saving the eye, because when inflammatory adhesions are extensive between Tenon's capsule and the globe, the operation is not only more difficult to perform, but the resulting stump is not nearly as satisfactory, less motion being imparted to the artificial eye. Danger of sepsis is also increased by delay. Care must be exercised however, not to remove an eye which might be useful to the patient. A few days ordinarily will make no difference, but after vision is completely lost, perception of light being destroyed, it is advisable as a rule to remove the eye, not only to save the fellow eye, but because the patient will recover health much sooner and be able to resume his vocation in a comparatively short time.

In operating for enucleation, an enucleation scissors, fixation forceps, strabismus hook, speculum and small blunt pointed scissors are the instruments most generally required. The object in using a blunt pointed scissors is to lessen the danger of penetrating or puncturing the eyeball, which is always an unpleasant complication. General anesthesia is required in these cases as a rule. The method of using local anesthesia or the infiltration method not proving uniformly successful.

The lids should be separated with a speculum, or as some prefer, a pair of Demarre's retractors. Then the conjunctiva should be grasped with the fixation forceps near the cornea, and with the small scissors incise the conjunctiva close to the corneal margin, carrying the incision around the entire circumference of the cornea. The tissues should be dissected back and then with a strabismus hook catch the rectus muscles and divide close to the ball. The external rectus may be divided a little distance back from its insertion, thus leaving tissue to grasp with the fixation forceps as an aid in the later manipulation of the globe. The eye may be turned either toward the nose or temple, whichever is the most convenient, and the enucleation scissors, with the blades closed, are introduced between the dissected tissues and eyeball, until the optic nerve is reached, then the blades should be separated and the nerve divided a short distance back from its insertion.

The division of the oblique muscles may be made before or after the severing of the nerve according to individual taste. After the muscles and nerve have been divided, there will usually be some

slight attachments to the globe which will have to be divided before the eyeball can be removed from the socket.

The hemorrhage following this operation is seldom excessive, and as a rule is readily controlled by pressure. The orbit should be thoroughly flushed with a solution of boric acid, and a dressing of dry boric acid may be dusted over the traumatic surface. A small ball of gauze or cotton wrapped in gauze may be introduced into the orbit, which, with a slight compression bandage, will generally control any tendency to hemorrhage which may occur.

The patient should be kept in bed for several days and the dressing changed as often as necessary to keep the surfaces clean, using for cleansing the boric acid solution.

RHUS POISONING.

J. F. C., age 45. Two weeks ago he was out in the country gathering wild flowers. The day following his face began to break out with red spots, while the night before he had been unable to sleep on account of face burning so severely. Went to see a physician, who pronounced it a case of erysipelas, and gave him treatment for same. The redness increased, and also the discomfort, and at last the eyes becoming affected he concluded to consult an oculist.

Diagnosis, rhus poisoning. Treatment, sulphite of soda \mathfrak{zss} , water $\mathfrak{z}\text{v}\mathfrak{j}$. Sig. Bathe the face every one, two, or three hours as necessary to relieve the burning. Also gave the following: R—Morphine sulph. gra. ij , Lloyd's hydrastis $\mathfrak{f}\mathfrak{zss}$, sol. boric acid $\mathfrak{f}\mathfrak{zss}$. Sig. Two drops in the eyes every two hours after bathing the eyes with a wash of boric acid. May 14, 1901.

The next day there was some improvement as regards the discomfort, and the gain was steady until the face and eyes had entirely cleared. For three or four days during the highest inflammatory stage I also gave him internally: R—Sp. aconite gtt. vj , sp.gelsemium gtt. xx , water $\mathfrak{z}\text{iv}$. Sig. Teaspoonful every two hours.

The hypophosphite of soda is a favorite in the treatment of these cases, but as I had none in the office, I used the sulphite instead. The action appears to be the same in all cases of rhus poisoning, and the hypsulphite is cheaper, besides it can be obtained nearly everywhere.

The Fitting Of Glasses after a Cataract Operation.

There seems to be a prevalent idea that after a cataract operation glasses can be fitted at once, or at least within two or three weeks.

The best time for adjusting glasses will vary according to the case, but it is seldom advisable to fit them under ten or twelve weeks. The reason this length of time should elapse is principally on account of the astigmatism that follows the operation. Immediately following the operation, or rather the healing process, there will be 2.00D or

3.00D of astigmatism. This will decrease in amount until at the end of ten or twelve weeks it will be permanent at about 1.00D, when the lens can be fitted.

Another difficulty in early fitting of lenses is the intolerance of light usually found in these cases, which is easily accounted for through the forced inactivity of the retina, the result of the opaque lens. The retinal elements must become accustomed to light stimulus, and this will require some little time. It is always best to "make haste slowly" in these cases, as otherwise cases that would have resulted favorably will disappoint us in final results.

In an eye that was approximately normal prior to the cataract formation, it will be found that a lens of plus 10.00D will nearly correct the spherical error for distance. For reading, a plus 13.00D or 14.00D lens, with the proper cylinder added, will give a reading glass that is satisfactory.

Binocular vision, where the unoperated eye is not cataractous, will seldom if ever be obtained, and patients should be informed of this fact before an operation is attempted; in fact, if the fellow eye is sound, it is seldom advisable to operate unless for cosmetic effect.

Persistent Sore Throat.

J. H. B., age 36, has had a persistent sore throat for five months and has had throat trouble for five years. Has not been able to get any special relief from the sprays and medicines that have been given him. Examination revealed complete adhesions of the anterior pillars of the fauces to the tonsils. Both sides affected. Complained of a feeling of stiffness in the throat on swallowing. Mar. 23, 1901.

Division of the adhesions was advised and agreed to.

My experience in these cases is that it is better to divide only a portion at a time, as the soreness resulting is less, and also it is not necessary to use any cauterizing application to prevent reformation of bands. This necessitates daily visits for a few days, but is generally more satisfactory to the patient. At the end of a week the adhesions were all divided, and the tendency to reformation had disappeared. The patient said his throat felt as though there was three times as much room in his throat as formerly, and that it was a satisfaction to eat. Although he had two or three colds while under observation, his throat did not get sore, and surprise was expressed that this was the case.

Undoubtedly many cases of chronic sore throat are due to unrecognized adhesions of the pillars and tonsils, which could be cured by simply breaking down these bands. I have seen several cases in which the bands were just commencing to form, and gave way with a slight pull, giving almost immediate relief.

SYPHILIS OF THE NOSE AND THROAT.

As no tissue or organ in the body is free from attacks of this disease, the nose and throat come in for their share. Syphilis most often affects these organs in the tertiary stages, and its ravages are fast destructive; in fact, so rapid is the progress of the disease on these organs, that unless the diagnosis is made early, and the treatment vigorous, ugly deformities and injured functions will almost certainly result.

It behooves the practitioner to understand the characteristics of the disease in its effects on these structures, and unless he does, woe be unto his patient.

Primary syphilis in these localities does not produce such harmful effects, and hence, if one fails to make a diagnosis, destruction of tissue to any great extent may not take place. It is my belief that the laity's idea of the painful effects of "catarrh" comes principally from their observing the results of tertiary syphilis. The popular idea of catarrh is that it eats away the tissues as it comes to them, sparing neither soft parts or bone, leaving behind in its ravages holes in the face, swollen noses and eventually descending in the larynx, destroying the voice, and finally into the lung, even destroying life. This picture is bad, even in syphilis, but the first part is not far, if any, removed from the truth, and there is only one other disease that I now recall, that is likely to produce such results. It is perhaps possible for tubercular disease to have such an effect, though I have not been so fortunate or unfortunate as to see a case, and am inclined to believe that death would occur before such results, from the progress of the disease in more vital parts.

The most frequent locations for syphilis to attack in these organs, are first on the soft palate, a little to one side or the other of the uvula, and second in the nasal septum; less frequent the turbinated bodies are involved, as are also the tonsils and part of the pharyngeal wall. When the soft palate is the seat of the disease, it will be found to be very much swollen, red and tender to the touch and ulcerated. The size of the ulcer depending on the length of time the patient has gone untreated. The ulcer is often situated on the top of the soft palate so that, unless one examines the case with the rhinoscopic mirror he will overlook it, and will only discover the same when it has ulcerated through the soft palate, and perhaps almost cut the uvula off from that side, the large swollen uvula left to hang down into the throat and produce continual hawking, spitting and coughing from its tickling the tongue and filling the throat. In many instances, the uvula will be found to have ulcerated off at some previous time in which case the ulcer begins a little to one side of the center of the velum palati, and will rapidly extend, involving in one long continuous ulcer, the anterior faucial pillar of the same side. These ulcers progress surprisingly rapid, and even in a few days may produce an immense destruction of tissue, resulting in deformities and pathological

conditions which interfere seriously with the voice and other functions of the organs. Ulcers located on or above the soft palate are extremely painful, especially when one swallows or speaks, hence these patients rapidly lose flesh and strength, for the simple reason that deglutition is so painful they can hardly eat.

When the ulcer is in the nose it has the same appearance as on the soft palate. It is more often located on the anterior portion of the septum, leaving a hole that varies in size according to the length of time elapsing, before the institution of vigorous treatment. It is here that the disease causes the most distressing deformities, for if not successfully treated, the septum is soon destroyed, the nasal bones likewise, and the "saddle" nose is the result, a mark the unfortunate patient must wear the rest of his days. He tells his friends that catarrh was the cause, and then if they have a little discharge from the nose they have catarrh, and then the "quack" is called to reap a harvest.

Where syphilis attacks the turbinated bodies or the post-pharyngeal wall it is not so apt to cause such destruction, or at least the results are not so bad, because of the difference in the importance of the tissues. However, if left untreated, the bodies of the vertebræ may be attacked, and then serious results occur. I have seen two cases where the disease attacked the sphenoid bone, and abscesses formed in the cells of that bone and in the infection extending from the cells into the brain, producing death.

The treatment is local and constitutional; of these two, the constitutional is the most important, and of course is that of tertiary syphilis.

The iodide of potash in rapidly increasing doses to the point of tolerance, has proven most satisfactory in my hands, though I have used mercury with it, with good results. The iodide is given, but after a meal, and should be alternated now and then with a tonic of quinine, iron and strychnine, if given any great length of time, and certainly one should never dismiss a case of this kind until he has eradicated every vestige of the disease possible. Locally, alkaline cleansing sprays, *s. e.*, Seiler's tablets, glycothymoline, etc., followed by the application to the ulcerated spot of a ten per cent solution of nitrate of silver, tincture of iodine or pure carbolic acid.

I have found the silver more satisfactory. In applying the iodine or the carbolic acid, the ulcer should first be cocainized, and in many instances it will be found necessary to use cocaine on the ulcer before meals, so that the patient can eat enough to sustain him. The points I would most impress are, first, the necessity of making an early diagnosis, if the ulcer occur on the soft palate; this is easy, for one can almost be sure such an ulcer is specific, and is due to the breaking down of the gumma. And second, the institution of vigorous constitutional and local treatment.

These accomplished, we would see fewer saddle noses, and less often the so-called nasal twang of voice.—*E. D. Capps M. D., in Laryngoscope.*

FIFTY-SEVENTH ANNUAL
ANNOUNCEMENT
—OF THE—
ECLECTIC
MEDICAL
INSTITUTE



CINCINNATI, OHIO.

REGULAR SESSION

BEGINS SEPT. 23, 1901, AND CONTINUES 28 WEEKS, TO APRIL 15, 1902

WITH LIST OF MATRICULATES AND GRADUATES FOR 1900-1901.

MATRICULATES, 12,014. GRADUATES, 3,707.

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ANNOUNCEMENT.

Session of 1900-1901,

NOTE.— These regulations refer particularly to new students and graduates of the years 1902, 1903, 1904, and 1905.

Fifty-Seventh Annual Session.

The fifty-seventh Annual Session of the Eclectic Medical Institute will begin on Monday, September 23, 1901, and continue twenty-eight weeks until April 15, 1902.

Entrance Examination.†

An entrance examination will be held on Saturday September 21, at 9 A. M., for students entering the college who are not able to furnish the necessary credentials as required by the regulations. (See page 385.) This will include the following:

1. An English composition of not less than 200 words.
2. Higher Arithmetic.
3. United States History.
4. Geography.
- *5. Elementary Physics.
- *6. Latin Prose.

Students conditioned in one or more of the branches enumerated above, will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches of this second examination shall not be admitted to a second course.

Examinations to determine the standing of students who have attended elsewhere, and for removing conditions of first, second, or third year students, will be held by the respective professors Sept. 21.

Students who have attended two or three sessions elsewhere will be examined in Anatomy, Chemistry, Physiology, Principles of Medicine, Hygiene, and Materia Medica. Students passing a majority of these subjects will be entitled to enter, and make up the deficiencies in addition to the regular year's work. Pass grades will be accepted from certain accredited medical colleges.

† This examination can be conducted elsewhere by the examiner of the faculty of a recognized literary or scientific College or University, or by the State Superintendent of Instruction, or a Principal of a High School. The regulations governing the entrance qualifications of students who desire to practice medicine subsequently in the State of Ohio, as prescribed by the rules of the Ohio State Board of Medical Registration and Examination, can be found on page 19.

* Students can pursue these branches the first year in college.

Graduates of accredited medical colleges will be admitted to the senior year without examination.

Term Examinations.

Throughout the course, daily examinations or quizzes are held by the Professors, thus aiding the student's memory, and assuring his continued advancement. The Freshman, Sophomore, Junior, and Senior examinations will be held in writing, beginning April 2, and at no other time. Candidates for graduation can be examined only at this time.

No Private Quiz Classes.

All the instruction in this college is given in the regular lectures, and regular, every day quizzes. No private classes for which students must pay an additional fee, are allowed. There are no special courses to add to the student's expense. In many colleges the "extras" are said to approach the cost of regular tuition.

Reading Medicine.

It is our experience that the sooner the student attends his first course of lectures the better he will read medicine in the physician's office. In the college he learns how to study and what to study, and will usually make as much progress in one session as in three years of ordinary reading. Our best students are those who commence with a course of lectures, and continue their attendance session after session until graduation. Some very successful physicians received their entire education in the college, without any office instructions.

It is quite advisable for students to take a short course of study under a preceptor at home, or medical reading without the help of a physician, and they are earnestly advised to confine themselves to the following text-books:

1. Elementary Physics—*Steele's Fourteen Weeks in Physics.*
2. Chemistry—*Lloyd's Chemistry of Medicines.*
3. Physiology—elementary parts, circulation, respiration, etc.—*Kirke's Hand Book of Physiology.*
4. Osteology and General Anatomy—*Gray.*
5. Specific Diagnosis and Specific Medication—*Scudder.*
6. Materia Medica—*Locke.*
7. Latin—*Robinson's Latin Grammar of Medicine and Pharmacy.*

State Laws.

Each matriculate must study medicine four years, and take four annual courses of lectures of at least six months each, before he can practice medicine in Arkansas, Colorado, Kentucky, Kansas, Michigan, Missouri, Nebraska, Oklahoma, South Dakota, Texas, Wisconsin and Wyoming.

No graduate can practice medicine in Alabama, Arizona, Connecticut, California, Delaware, District of Columbia, Florida, Georgia,

Hawaii, Idaho, Indiana, Illinois, Indian Territory, Iowa, Louisiana, Massachusetts, Maine, Mississippi, Minnesota, Maryland, Montana, New Hampshire, New Jersey, New York, New Mexico, N. Carolina, N. Dakota, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington, or West Virginia, without undergoing an examination before a state board, in addition to having the requirements before mentioned. Our diplomas are recognized, and are everywhere on an equality with those of any college in the United States. Other States will probably enact similar laws.

Fees.

For Single Session's Tuition.....	\$75.00
Chemical Laboratory Course.....	Free
Histological and Pathological Course.....	Free

No extra charge for matriculation or demonstrator's fees, or for dissecting material.

Scholarship Fee.....	\$250.00
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(This includes all the foregoing, and is good for four or more sessions. It can be paid in three instalments: at the beginning of the first session, \$100.00; second session, \$100.00; third session, 50.00. It is transferable for two sessions if the holder has matriculated for one session; or transferable for one session if he has matriculated for two sessions.)

Graduation Fee (returnable in case of failure).....	25.00
Cincinnati Hospital Ticket.....	5.00
One Session's Tuition to graduates of a recognized medical college, including graduation fee.....	75.00
Same without re-graduation.....	50.00

The fees are cash in all cases.†

System of Scholarships.

That there should be no excuse for poor attainments and possible failure, this College has provided a system of scholarships, which enables the student, at a moderate cost, to attend college until he is thoroughly prepared. Not only this, but a full seven months course of instruction each year is provided, with apparatus and instruction in the use of the same by earnest, educated teachers who assist at every step. The scholarship of \$250.00 includes all the fees for lectures, demonstrator's fees in anatomy, chemistry, and microscopy. This scholarship is transferable under the conditions previously noted.

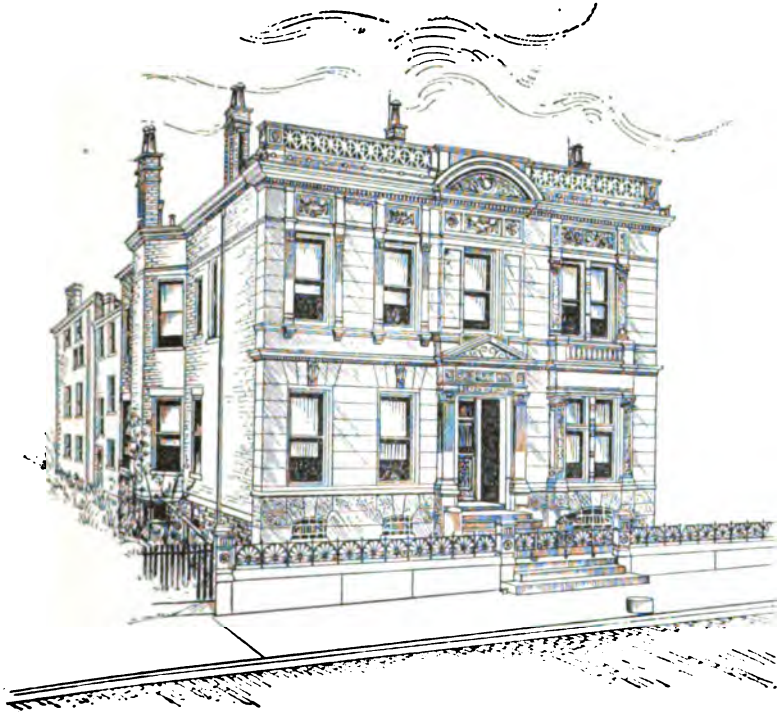
Hospital and Clinical Facilities.

Students have two hours of clinical instruction daily in the Cincinnati Hospital. In addition to this there will be clinical instruction two hours in the college building daily, upon disease of the eye, ear, nose, and throat, diseases of the skin, medical and surgical

† Under no circumstances are fees returnable. Single session tickets are not transferable. Students can, however, make up lost time in any future session without extra charge.

diseases of women and children, general surgery and medicine, and physical diagnosis.

Facilities for the care of surgical patients have been provided, and operations will be performed before the class. Physicians will recollect that all medical treatment before the class is free of charge, and that, in surgical cases, the charge will only be sufficient to cover the necessary attendance after operations.



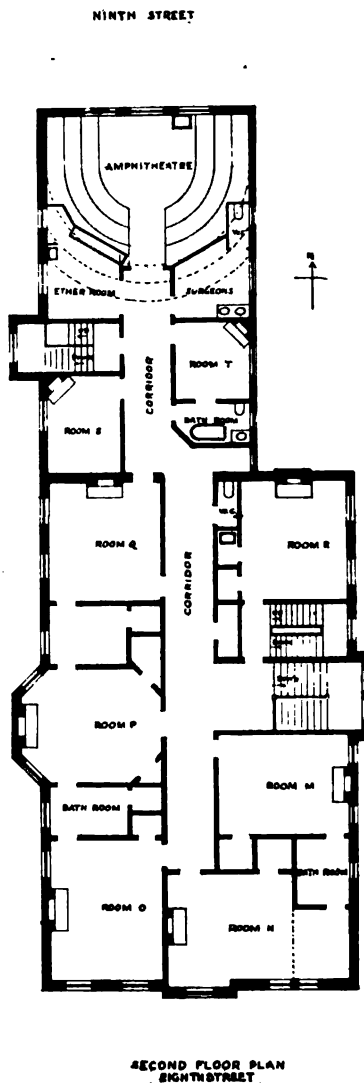
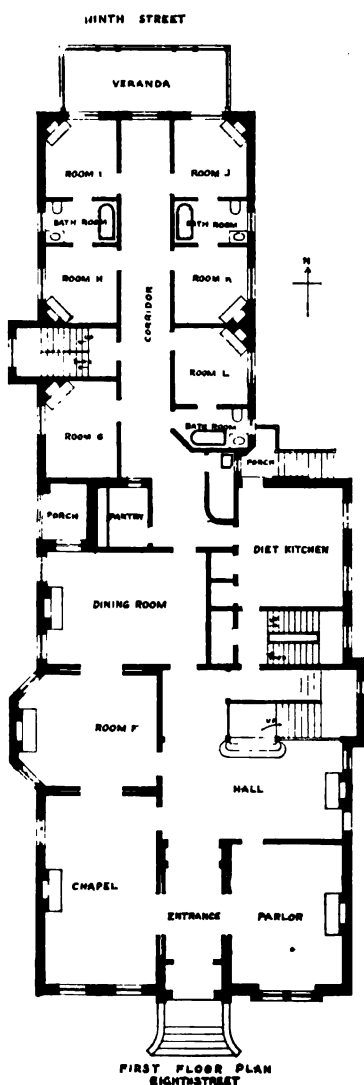
THE SETON HOSPITAL.

The Seton Hospital, constructed at an expense of \$90,000, is conducted by the Sisters of Charity, and is located at 640 West Eighth street, near Cutter. The building, a large stone-front structure, is located on a lot fronting 63 feet on Eighth street, and running 200 feet through to Ninth street, thus giving a double street frontage and excellent light and ventilation.

The Eclectic Medical Institute has lately made arrangements to add a three-story wing to the building, to consist of twelve rooms and a fine modern operating room and clinical amphitheater for the presentation of medical and surgical cases before the College classes. In this operating amphitheater cases will be brought exclusively before advanced students of our College, thus affording us an excellent opportunity to demonstrate the many advantages of Eclectic medication

and the exactness of our surgeons. Demonstrations before the class will take place Wednesdays and Saturdays throughout the College year, and at other times by appointment.

Seton Hospital is heated by steam. It has hard-wood floors and open plumbing and most excellent sanitary arrangements, insuring good accommodations for patients. All classes of cases will be taken, barring of course contagious diseases. There are no wards in the Hospital, each patient having the benefit of his own exclusive room. The total price of room, board and nursing ranges from \$7.00 to \$20.00 per week.



A limited number of charity cases will be taken. The medical and surgical service furnished by the various members of the faculty of this College is absolutely free, where the patients contribute in a clinical way to our classes.

The foregoing diagrams give the first and second floors, entering from Eighth street, which is a duplicate of the first floor on the Ninth street front.

Information regarding rooms and board can be secured by addressing John K. Scudder, M. D., 1009 Plum street, Cincinnati, O.

Clinical Amphitheater.

Owing to the rapid growth and enlargement of the dispensary service, the room formerly devoted to clinical purposes became too small, and a large amphitheater was constructed in 1894; the basement and first floors of the college building have been remodeled, fitted up for clinical use, and supplied with all the modern appliances for the examination of patients, and for systematic clinical instruction.

Dissections.

Under the new anatomical act dissections are legalized in this State, and the bodies of persons from public institutions are given to the medical colleges. Dissecting material will be abundant the coming winter, and students will be enabled to make three or more dissections.

Library.

The library of the Institute, containing several thousand volumes, was destroyed at the time of the burning of the old building. A new working library of five hundred volumes is now at the command of the students. Open Wednesdays at 1.30 p. m. Books can be kept one week for reference. The Secretary will also procure books from the public and Lloyd libraries for the use of students.

Y. M. C. A.

The college department of the Young Men's Christian Association meets once a week in the college, at which speakers of public note address the meeting. All students are eligible to membership. New students are especially invited. A bureau of information for assisting new students in procuring rooms, etc., can be found at the College. There will be a committee of students at the College during the week previous to the opening of the session, to aid new students in securing suitable rooms, boarding, etc. This Committee will arrange to meet students at the railroad depots, if the time of arrival is sent to the President of the Y. M. C. A., Mr. W. C. Miller, 1009 Plum St.

Boarding.

We take special pains to select boarding in private boarding houses, where students will have all the comforts of a home, and at the same time have a quiet room in which to pursue their studies. Board and room can be had at from \$3.00 to \$5.00 per week. To accommodate those of limited means, rooms can be procured in which students can board themselves, bringing their expenses below three dollars per week. Those who intend to pursue this latter course will do well to write two or three weeks in advance, and bring a sufficient quantity of bed covering.

Information.

Students arriving by railroad will do well to take the omnibus ticket, and have their baggage taken immediately to the college building, Court and Plum streets, where they will get all necessary information in regard to board and matriculation.

Letters to students must be addressed, "Care of Eclectic Medical Institute, No. 1009 Plum street." But money packages by express, and letters containing valuables, should be addressed to the care of John K. Scudder, M. D., thus preventing trouble in identification and danger of loss. Arrangements have been made with the City Hall Bank to receive on deposit the money of students. The attention of the student is particularly called to this paragraph, as it may save much trouble if not actual loss.

For further information address—

JOHN K. SCUDDER, M. D., SECRETARY,

1009 Plum street, Cincinnati, O.

Long Distance Telephone Main 2062.

UNDERGRADUATE COURSE OF STUDY.

The course of study in this College is known as the Four Years' Graded Course. [See Regulations.]

Anatomy.

Prof. H. W. Felter gives four lectures a week to students of the first year, and four lectures to students of the second year. The illustrations include models, plates, wet and dry preparations, as well as fresh dissections on the cadaver. Students should have the use of a set of bones to assist them in the study of osteology. Two prosectors are appointed each session to previously dissect the part of the cadaver on which the day's lecture will be given. E. R. Freeman, M. D., the Demonstrator, will personally direct the students in their dissections five days in a week. Classes of five will work on each subject. **Text-Books:** *Gray's Anatomy*, *Nancrede's Anatomy*, *Holden's Landmarks*, and *Hayne's Manual of Dissections*.

Physiology.

Prof. Watkins gives two lectures per week to the students of the first and second years, supplementing his didactic teaching with plates, diagrams and models. **Text-Book:** *Kirke's Physiology*, Wood's edition.

Histology.

George W. Brown, M. D., will instruct third year students in the practical use of the microscope, the mounting of specimens, and the normal histological appearance of animal tissues. The class is divided into sections of sixteen, and research will be carried into the field of pathological histology. This work, which is usually done in the first year in medical colleges, has been transferred to the third year, as it has been found by experience that students with a good knowledge of anatomy, physiology, and chemistry, are enabled to make much better progress. **Text-Book:** *Bohm-Davidoff's Histology*.

Chemistry and Pharmacy.

Professor Felter holds two recitations and quizzes each week for students of the first year, and the same also for students of the second year. Professor Lloyd gives one lecture a week on medical chemistry and pharmacy to third year students. Special attention is given to the examination of urine, poisons, and their antidotes. C. G. Smith, M. D. instructs the students of the first year of the course in the chemical

laboratory. The class is divided into sections of thirty-two, and the course embraces the simpler experiments, analyses of urine and potable waters. All the necessary apparatus and chemicals are furnished free. TEXT BOOK: *Lloyd's Chemistry of Medicines*.

Materia Medica and Therapeutics.

Professor Locke gives four lectures per week on these important subjects to students during the first and second years: the principles of drug action, methods of proving medical substances, and the specific effects produced by drugs in diseased conditions. The principles of specific medication, the foundation of the Eclectic school of practice, will be thoroughly inculcated into the minds of the class. TEXT-BOOKS: *Locke's Syllabus of Eclectic Materia Medica and Therapeutics*, Ellingwood's *Materia Medica and Therapeutics*, Felter-Lloyd Revision of King's *American Dispensatory*, Scudder's *Specific Medication*.

Principles and Practice of Medicine.

Professor Thomas gives one lecture each week to the students of the second and third years on the principles of medicine, and three lectures each week to the third and fourth year students on the practice of medicine. TEXT-BOOKS: *Scudder's Principles of Medicine*, *Scudder's Practice of Medicine*, *Ander's Practice*, *Osler's Practice*, *Stevens' Practice*.

Medical Clinics.

Two general medical clinics are conducted each week by Professor Bloyer. At these clinics careful attention will be paid to diagnosis and the general, and more especially the Eclectic treatment according to the well known doctrines of specific medication. Quality instead of quantity, will be sought for in the clinic. The Senior students will be required to make personal examination and treatment of cases; and also to attend out-door patients under suitable supervision.

Pathology.

Professor Watkins delivers two lectures each week to students of the third and fourth years. TEXT BOOK: *Green's Pathology*.

Physical Diagnosis and Hygiene.

Professor John R. Spencer lectures 26 times to students of the first and second years on Hygiene, and 26 times on Physical Diagnosis. Professor Jeancon will also hold two clinics each week on Venereal Diseases and Diseases of the Chest. TEXT-BOOKS: *Rohe's Hygiene*, *Loomis' Physical Diagnosis*.

General Surgery.

Professor Wm. E. Bloyer has charge of didactic surgery. Four lectures each week will be given to the students of the third and fourth years, who will be instructed in the most approved methods of operating.

The lectures will be illustrated by charts, models and operations on the cadaver. **TEXT-BOOKS:** *Roberts' Modern Surgery*; Keene's *American System of Surgery*, Da Costa's *Modern Surgery*; Senn's *Principles of Surgery*.

Clinical Surgery.

This department is under the charge of Professor Russell. He conducts two clinics each week at the Seton or Cincinnati Hospital.

Professor Russell holds one or two clinics each week at the college. In addition to the instructions afforded the entire class, senior students are allowed to perform minor operations, apply dressings, etc. Preceptors should remember that all operations before the class are free, and that the necessary after attentions and board can be secured at small cost. Arrangements can be made for operations to take place any time during the week.

Obstetrics, Gynecology, and Pediatrics.

Professor Wintermute lectures four times a week on Obstetrics, Gynecology and Pediatrics to students of the third and fourth years. Special attention is given to instruction on the manikin. Senior students should attend at least one out-door patient in confinement, under the direction of Professor Wintermute. **TEXT-BOOK:** *King's Obstetrics* (Wintermute's Revision.)

Gynecological Clinics.

Professor Wintermute holds one clinic per week on medical diseases of women. At the sub-clinics senior students will be required to examine cases, and familiarize themselves with the various gynecological instruments and appliances, and prescribe remedies.

Operative Gynecology.

Professor Russell delivers one lecture each week to third and fourth year students on this important subject. He also holds one clinic each week at the Seton Hospital, **TEXT-BOOK:** *Sutton and Giles' Diseases of Women*.

Latin and Physics.

The Eclectic Medical Institute was the first Eclectic College to require an elementary knowledge of Latin of matriculates. Prof. Emerson Venable, A. B., conducts a class in these branches for all first course students. **TEXT-BOOKS:** *Robinson's Latin Grammar of Medicine and Pharmacy*, *Steele's Physics*.

Eye, Ear, Nose and Throat.

Professor Kent O. Foltz, M. D., gives two lectures each week to third and fourth year students. He also conducts two clinics each week, at which special attention is given to treatment by specific medication. The senior student has an opportunity of making diag-

noses, witnessing operations, learning the use of the ophthalmoscope, and fitting glasses. **TEXT-BOOKS:** *Foltz on Diseases of the Eye; Bishop on the Nose, Throat, and Ear.*

Medical Jurisprudence.

On this important subject, W.L. Dickson, A. M., LL. B., delivers fifteen lectures each session to third and fourth year students.

Neurology.

Professor Watkins will deliver twelve lectures each session to students of the third and fourth years, during the absence of Prof. McMillen. This important subject is now given the attention it demands.

Electro-Therapeutics.

Professor John R. Spencer delivers twenty-six lectures each session to second and third year students, illustrating his course with suitable apparatus.

NOTE—From the text-books heretofore mentioned the student should provide himself with those printed in italics. He should also have either Dorland, Gould, Lippincott. Duane, or Dunglison's Medical Dictionary.

SCHEDULE OF HOURS—UNDERGRADUATE COURSE.

FIRST YEAR.			
HOURS		HOURS	
Hygiene.....	26	Chemical Laboratory.....	39
Anatomy.....	104	Dissections.....	78
Chemistry.....	52	Latin.....	26
Physiology.....	52	Physics.....	26
Materia Medica.....	104	Total.....	507
SECOND YEAR.			
Dissections.....	39	Principles of Medicine.....	26
Anatomy.....	104	Hygiene.....	26
Physiology.....	52	Physical Diagnosis.....	26
Chemistry.....	52	Electro-Therapeutics.....	26
Materia Medica.....	104	Hospital Clinics.....	312
		Total.....	767
THIRD YEAR.			
Electro-Therapeutics.....	26	Surgery.....	104
Pharmacy.....	12	Obstetrics.....	104
Medical Jurisprudence.....	16	Operative Gynecology.....	26
Nervous Diseases.....	12	Eye and Ear.....	26
Principles of Medicine.....	26	Nose and Throat.....	26
Practice.....	78	Physical Diagnosis.....	26
Pathology.....	52	College or Hospital Clinics.....	312
Histological Laboratory.....	52	Total.....	896
FOURTH YEAR.			
Practice.....	78	Medical Jurisprudence.....	16
Pathology.....	52	Nervous Diseases.....	12
Surgery.....	104	College Clinics.....	260
Obstetrics.....	104	Hospital Clinics.....	104
Operative Gynecology.....	26	Total.....	806
Eye and Ear.....	26		
Nose and Throat.....	26		

REGULATIONS.

Requirements for Entrance—Certificate of Study.

For matriculation the Faculty requires :

1. A certificate of good moral character.
2. Diploma of graduation from graded high school, literary or scientific college or university, a first-grade teacher's certificate, or evidence of having passed the matriculation examination to a recognized literary or scientific college.
3. Students desiring to practice in New York must obtain a Regent's medical student's certificate, to be obtained on credentials or by examination, from the Examination Department, University of the State of New York, Albany.
4. Students desiring to practice in Ohio must be governed for entrance by the Ohio law and the rules and regulations of the Ohio State Board of Medical Registration.†

Students must have an elementary knowledge of Latin.*

Students matriculating for subsequent practice in states other than New York or Ohio, and who lack one of the foregoing educational qualifications, may take an Examination before the Faculty Committee, as follows :

1. An English composition of not less than 200 words.
2. Higher Arithmetic.
3. United States History.
4. Geography.
- *5. Elementary Physics.
- *6. Latin Prose.

†Matriculates who will be applicants for registration in the State of Ohio must possess :
A diploma from a reputable college granting the degree of A. B., B. S., or equivalent degree.

A diploma from a normal school, high school or seminary, legally constituted, issued after four years of study.

A teacher's permanent or life certificate.

A medical student's certificate issued upon examination by any State Board.

A student's certificate of examination for admission to the Freshman class of a reputable literary or scientific college.

A certificate of his having passed an examination conducted under the direction of the State Board of Medical Registration and Examination of Ohio, by certified examiners, none of whom shall be either directly or indirectly connected with a medical college.

This latter examination will be held by Prof. E. W. Coy, at Hughes' High School Building, September 27th and 28th, for Cincinnati students. The examination will embrace: 1. Orthography. 2. English grammar. 3. English composition. 4. Geography. 5. Rhetoric. 6. Latin (one year's study). 7. Arithmetic. 8. Algebra through simple equations. 9. Physics. 10. Botany. 11. United States History.

Further particulars will be sent on request.

*Students who cannot offer Latin or Physics will be given an opportunity of studying same during the first year at the college under a competent instructor without charge.

Students conditioned in one or more of the branches enumerated above will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches of this second examination shall not be admitted to a second course. These requirements for admission are in accord with those of the American Medical College Association, the Homeopathic College Association, and the National Confederation of Eclectic Medical Colleges, and the minimum requirements of the several State Boards of Medical Registration.

Graduates in (a) dentistry or (b) pharmacy, (c) a recognized literary college, and (d) students who have attended one annual session at an accredited medical college, are admitted as second year students.

Students who have attended two annual sessions elsewhere are admitted to the third year course on passing examinations of the first and second years' work. Graduates of accredited medical colleges are admitted to the fourth year without examination. (See page 11.)

For Graduation.

Students applying for graduation must be at least twenty one years of age, and must have read medicine four years, and attended four annual sessions of not less than twenty-six weeks each, the last of which, at least, must have been in this college.*

Time of reading includes college attendance. All students must have taken the chemical, histological, and pathological laboratory courses, attended the clinical lectures in the Cincinnati Hospital during two sessions, the college clinics during at least two sessions, have dissected at least half of a cadaver, and taken the practical course in obstetrics and surgery. The candidate must notify the dean six weeks prior to the end of the session of his intention to take the final examinations, must submit an original thesis on some subject pertaining to medicine (embracing from ten to forty pages of thesis paper), must have previously paid all fees, must at this time deposit the graduation fee (returnable in case of failure), and must pass satisfactorily the term as well as the final examinations.†

The judgment of the Faculty upon the fitness of candidates is based on their knowledge of their general attendance, industry, character, and general habits, as well as upon the results of their final examinations.

A rejected candidate may be re-examined, at the discretion of the Faculty, after having attended a half or full additional session. Each graduate, at the close of the session, will be required to attend the Commencement exercises, and personally receive his diploma. No honorary diplomas are issued by the Eclectic Medical Institute.

* To constitute a full term or session the absence should not exceed one month in the aggregate.

† Students who have matriculated here in years past can not, under any circumstances, claim graduation under requirements then in force.

Commencement Exercises.

General arrangements in regard to the Commencement exercises are left to a majority vote of the class. But all action in regard to invitations, class pictures, or wearing of caps and gowns, is subject to the approval of the Faculty Committee. The entire class must comply with all the established regulations made by the class for the Commencement exercises.

Rules Governing the Standing of Students and Examinations.

1. The standing of each student in each chair will be determined by the professor or instructor in charge of the chair, and the grade will be made up from the marks received during the session in oral quizzes, in written quizzes, and final term examination.

2. The grades will be made upon the scale of 100. 90 to 100 passed with distinction; 80 to 90, passed well; 70 to 80, passed; 60 to 70, conditioned; below 60 failed. The passing mark from one year to another will be a general average of 70 per cent.

3. Students of the first, second, and third years, who are conditioned, must have a written examination in those branches in which they are deficient, immediately before the opening of the succeeding session, upon the date mentioned in the calendar. If the student fail upon any branch at the written examination, he shall be required to repeat the study of the preceding year.

4. There shall be no re-examination of unsuccessful candidates for the degree of M. D. until the close of the ensuing session, and the said candidate will be required to attend the instruction during a subsequent session on such branches as may be determined, before he will be eligible for re-examination.

5. Candidates for examination must secure a general average of 75 per cent., the final examination in each branch for the entire course being considered on the basis of hours per week.

Rules of Conduct.

1. Students are required to observe such rules of decorum and orderly conduct in the lecture rooms, laboratories, and halls of the college, as would be expected of a gentleman.

2. All students are required to be regular in their attendance and in their seats in the lecture room at the proper time, in order that there may be no interruption after the entrance of professor or lecturer.

3. Smoking in any part of the building except in the dissecting room, is not permitted.

4. Defacing the walls or furniture in any manner is strictly prohibited.

5. All damage done to college property must be made good by the individual doing the damage.

6. Students will be assigned seats on matriculation, for the good care of which they will be personally responsible.

7. Infringement of these rules will subject the student to a private reprimand, to a public reprimand, or temporary suspension, by the Dean, as the nature of the case in his judgment requires, or expulsion from the college, when concurred in by the Trustees.

ORDER OF EXERCISES—1901-1902.

FIRST YEAR—Freshman Class.

Hours.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
7:30 a m	Anatomy.	Chemistry.	Anatomy.	Anatomy.	Chemistry.	Anatomy.
8:45 a m	Dissections of	Same.	Same.	Y. M. C. A.	Same.	Same.
9:45 a m	Chem. Lab.			Dis. or Lab.		
1 p m		Physiology			Physiology	
3 p m	Mat. Med.	Mat. Med.	Hygiene.	Mat. Med.	Mat. Med.	
4 p m	Hygiene.		Latin.		Physica.	

SECOND YEAR—Sophomore Class.

Hours.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
7:30 a.m.	Anatomy.	Chemistry.	Anatomy.	Anatomy.	Chemistry.	Anatomy
8:45 a m	Dissections and Hospital	Same.	Same.	Y. M. C. A.	P. D. & E	Dissections and Hospital.
9:45 a m	Prin. Med.			P. D. & E.		
10:45 a m						
1 p m		Physiology			Physiology	
2 p m						
3 p m	Mat. Med.	Mat. Med.	Hyg. & P.D.†	Mat. Med.	Mat. Med.	
4 p m	Hygiene.					

† 18 Lectures on Hygiene, followed by 27 Lectures on Physical Diagnosis, and 18 on Electro-Therapeutics.

THIRD YEAR—Junior Class.

Hours.	Monday,	Tuesday.	Wednes.	Thurs.	Friday.	Satur.
8:45 a m	Lecture. Eye & Ear.			Y. M. C. A.	P.D. & Elec.	Lecture Nose & Th.
9:45 a m	Col. Clinic or Hospital.	Col. Clinic or Hospital.	Col. Clinic or Hospital.	P. D. & Elec	Col. Clinic or Hospital.	Col. Clinic or Hospital.
10:45 a m		Practice.	Oper. Gyne.	Practice	Practice.	
11:45 a m	Obstetrics.	Obstetrics.		Obstetrics.	Dis. W. & C.	
2 p m		Pathology.			Pathology.	
3 p m			P.D. & Elec.	Mat. Med.		
4 p m	Surgery.	Surgery.	Surgery.	Surgery.		

FOURTH YEAR—Senior Class.

Hours.	Monday.	Tuesday.	Wednes.	Thurs.	Friday.	Saturday.
8:45 a m	Lecture. Eye & Ear.	Clinic. Venereal Diseases.	Clinic. Women.	Y. M. C. A.		Lecture. Nose & Th.
9:45 a m	Clinic. E. E. N. & T.	Clinic Medicine.	Clinic. Surgery.	Clinic. Vener Dis.	Clinic Medicine.	Clinic. E. E. N & T.
10:45 a m		Practice.	Hospital.	Practice.	Practice.	Hospital. Surgical Clinic.
11:45 a m	Obstetrics.	Obstetrics.	Oper. Gyne.	Obstetrics.	Dis. W. & C.	
2 p m.		Pathology.			Pathology.	
3 p m.						
4 p m.	Surgery.	Surgery.	Surgery.	Surgery.		

Time of Medical Jurisprudence and Neurology announced later.

LIST OF MATRICULATES.

SENIORS—Class of 1901.

NAMES.	PRECEPTOR.	STATE.
Archer, J. Alec.....	Dr. F. P. Hatfield,	Kansas.
Bixel, Peter D.....	Dr. H. G. Bradshaw,	Ohio.
Brodberger, Wm. L.....	Dr. G. S. Couch,	Ohio.
Conrad, Jesse F.....	Dr. W. S. Turner,	Ohio.
Dech, Schuyler H.....	Dr. E. J. Dech,	Penn'a.
DeCrow, Reaves W.....	Dr. H. DeCrow,	Ohio.
Duvall, Florence T., M.D.....	Practitioner,	Ga.
Graham, Wm. H.....	Dr. Charles Davis,	Ohio.
Harvey, Edwin R.....	Dr. L. A. Perce,	Ohio.
† Horner, Brose S., M.D.....	Practitioner,	Indiana.
Longfield, Fred. J.....	Dr. J. Longfield,	Missouri.
McNinch, James R.....	Dr. J. A. Monroe,	Penn'a.
Mercer, Edward H.....	Dr. B. W. Mercer,	Ohio.
Miller, Geo. R.....	Dr. T. H. Miller,	W. Va.
Neldon, C. Marion.....	Dr. M. H. Hennel,	Ohio.
Reiff, Christian W.....	Dr. Henry Carter,	Indiana.
Riggs, Lester R., B.L.....	Dr. O. H. Riggs,	Ohio.
Shirar, Lewis.....	Dr. A. J. Cook,	Indiana.
Sloan, Clarence R., B.A.....	Dr. E. Sloan,	Ohio.
Smith, Samuel F.....	Dr. S. H. Spencer,	Florida.
Smith, Willard O.....	Dr. J. L. Smith,	Indiana.
† Spicer, Clarence E., M.D.....	Practitioner,	Pa.
Stephens, William L.....	Dr. C. P. Stephens,	Illinois.
Thompson, DaCosta.....	E. M. Institute,	Ohio.
Van Buren, R. Carl.....	Dr. W. T. Gemmill,	Ohio.
Werner, William L.....	Dr. W. A. J. Brown,	W. Va.
Whitacre, R. Fred.....	Drs. Sommers & Snyder,	Ohio.
Wuist, J. Fred.....	Dr. H. B. Lyons,	Ohio.
Zolman, Elmer E., B.S.....	Dr. W. Shafer,	Indiana.
Total, 29.		

† Attendance incomplete.

JUNIORS—Class of 1902.

NAMES.	PRECEPTOR.	STATE.
Amidon, Charles S.....	Dr. M. W. Dawley,	N. York.
Arndt, Dan. C.....	Dr. S. H. Spencer,	Ohio.
Baldrige, Odus.....	Dr. J. H. Baldrige,	Indiana.
Barclay, Arthur O.....	Dr. P. F. Shaffer,	Penn'a.
Barrett, Ralph R.....	Dr. J. H. McElHinney,	Ohio.
Burnett, John A.....	Dr. O. P. McHenry,	Ohio.
Cooper, Charles J.....	E. M. Institute,	Illinois.
Cooper, Susan M.....	E. M. Institute,	Illinois.
Cutler, John E.....	E. M. Institute,	Texas.
Estell, John D.....	Dr. T. K. Dawson,	Ohio.
Hunter, Roy C., Ph. G.....	Dr. F. C. Hunter,	Ohio.
Hurst, Jonas L.....	Dr. George A. Hurst,	Ohio.
Kettenhorn, Frederick.....	Dr. W. A. R. Tenney,	Ohio.
Kent, J. Guy.....	Dr. Austin Shuey,	Ohio.
Kirk, Charles H.....	E. M. Institute,	Penn'a.
Knapp, George H.....	Dr. L. Watkins,	Ohio.
Livingstone, Wm. W.....	Dr. F. J. Livingstone,	Penn'a.
Livingstone, Edythe R.....	Dr. R. O. Ratts,	Penn'a.
Markee, Henry.....	Dr. W. D. Wade,	Illinois.
Martin, Albert B.....	E. M. Institute,	Illinois.
Martin, Harry P.....	E. M. Institute,	Illinois.
Miller, Harry H.....	Dr. C. R. Bittner,	Penn'a.
Miller, Willie C.....	Dr. A. M. Zebold,	Ohio.
Morris, Elmer E., D.D.S.....	Dr. W. C. Shriner,	Ohio.
Morris, Isaac E.....	Dr. G. B. Haggart,	Ohio.
Morse, George, B.S.....	Dr. J. A. Swem,	Illinois.
Patterson, Carl G.....	Dr. J. Dellett,	Indiana.
Ralston, Oscar.....	Dr. J. A. Glasgow,	Ohio.
Rankin, John S.....	Dr. W. L. Bullis,	Iowa.
Riggs, Alphonso.....	Dr. T. H. Greenough,	Ohio.
Schenk, George H.....	Dr. W. F. Schenk,	Indiana.
Shaulis, Edward F.....	Dr. C. R. Bittner,	Penn'a.
Shrader, Clinton O.....	Dr. I. M. Shrader,	Ohio.
†Spencer, John F.....	Dr. S. J. D. Meade,	Ohio.
Swartzwelder, Albert L.....	Dr. James W. Hartigan,	Indiana.
Thiel, Jacob W.....	Dr. W. O. C. Harding,	Ohio.
Wachtendorf, Fred. G.....	E. M. Institute,	Ohio.
Total, 37.		

SOPHOMORES—Class of 1903.

NAMES.	PRECEPTOR.	STATE.
Austin, Howard H., A.B.....	Dr. J. M. Austin,.....	Ohio.
Beaman, Charles, W.....	E. M. Institute,	D. C.
Bogart, Walter S.....	Dr. W. C. Cooper,	Ohio.
Bondley, Charles J.....	Dr. A. Shuey,	Ohio.
Buehrer, Emil.....	Dr. W. L. Snyder,	Ohio.
Callihan, William R.....	Dr. C. S. Callihan,	Kentucky
Carey, William W.....	E. M. Institute,	Ohio.
Chamberlain, Zenas R.....	Dr. J. E. Brooke,	Ohio.
Christman, Jacob H.....	Dr. W. A. Latimore,	Penn'a.
Edwards, David H.....	Dr. E. J. Dech,	Penn'a.
Freidline, Clarence L.....	Dr. C. R. Bittner,	Penn'a.
Grimes, Rollo J.....	Dr. C. H. Doss,	Illinois.
Grismore, Otto.....	Dr. E. A. Ballmer,	Ohio.
Grossman, Fred'k A., Ph.G.....	Prof. J. U. Lloyd,	Ohio.
Hamilton, Luther.....	Dr. J. N. Sims,	Indiana.
Kahle, Norval.....	E. M. Institute,	Penn'a.
Kemper, A. Judson.....	Dr. George Snyder,	W. Va.
Kemper, P. Allen.....	Dr. P. C. Musser,	W. Va.
Kerns, George E.....	Dr. N. G. Vassar,	Ohio.
Krohn, Clifford P.....	Dr. E. A. Ballmer,	Ohio.
Leighner, Garry O.....	Drs. J. Hull & Son,	Ohio.
McCabe, James Earl.....	Dr. W. B. Vick,	Indiana.
McMakin, Ward B.....	Dr. W. C. Shriner,	Ohio.
Meek, Reuben Herron.....	Dr. W. S. Glenn,	Penn'a.
Miller, Glenn E.....	Dr. A. G. Miller,	Indiana.
Moench, Louis L.....	Dr. F. Moench,	Illinois.
Moore, Clarence D.....	Dr. O. T. Arnold,	Missouri
Morgan, Harvey.....	Dr. B. F. Bennett,	Kentucky
Morgan, William J.....	Dr. B. F. Bennett,	Kentucky
Ogden, Henry O.....	Dr. Thomas Robinson,	Ohio.
Porter, George C.....	Dr. McG. Porter,	Indiana.
Reinhart, J. Sylvanus.....	Dr. A. J. Cook,	Indiana.
Seely, Charles W.....	Dr. E. A. Goodsell,	N. York.
Sharp, Thomas L.....	Dr. E. G. Sharp,	Okla.
Smith, George W.....	Dr. W. A. J. Brown,	W. Va.
Stephenson, Robert M.....	Dr. L. E. Russell,	Ohio.
Tindall, Wm. W.....	Dr. C. A. Tindall,	Indiana.
Ulery, Daniel M.....	Dr. John B. Flack,	Ohio.
Wade, Edward H.....	Dr. C. F. Imus,	Missouri.
Wagner, Walter C.....	Dr. F. G. Mitchell,	Ohio.
Wagoner, Wm. Harvey.....	Dr. A. J. Cook,	Indiana.
Wasson, Guy T.....	Dr. N. Sifritt,	Ohio.
Weikal, William F.....	Dr. John G. Walthall,	Neb.
Total, 43.		

FRESHMEN—Class of 1904.

NAME.	PRECEPTOR.	STATE.
Backus, S. George.....	Dr. J. W. Hunter,	W. Va.
Bauman, Nicholas C.....	Dr. J. F. Galley,	Ohio
Callihan, G. Darwin.....	Dr. G. S. Callihan,	Kentucky
Choate, Will G.....	Dr. G. F. Heffington,	Ark.
Clark, George W.....	Dr. E. H. Moore,	Penn'a.
Cooper, George R.....	Dr. D. J. Thomas,	Texas.
Curran, William F.....	Dr. J. S. McClelland,	Texas.
Decatur, Percy E., B.S.....	Dr. A. S. McKitrick,	Ohio.
Dewald, Walter E.....	Dr. J. F. Galley,	Ohio.
Doughty, Richard D.....	Dr. W. L. Robinson,	Ohio.
Elliott, Frederic E.....	E. M. Institute,	Missouri.
English, William H.....	E. M. Institute,	Ohio.
Findley, Flavius C.....	Dr. W. Gaston,	W. Va.
Flint, Hezekiah.....	Dr. B. Flint,	Kentucky
Fulk, Louis Peter.....	Drs. Clark & Clark,	Indiana.
Gage, James Wesley.....	Drs. Clark & Clark,	Indiana.
Hart, Howard C.....	Dr. W. H. Newlin,	Indiana.
Housmyer, Charles C.....	Dr. A. G. Miller,	Indiana.
Jackson, John M.....	Dr. R. L. Jackson,	Kentucky
Kingsley, Harry O.....	Dr. W. R. Campbell,	Penn'a.
†McGinnis, George W.....	Dr. B. F. Bennett,	Kentucky
McLaren, Frank N.....	Dr. J. H. Breeden,	Illinois.
McLaughlin, Thad.....	Dr. C. W. Russell,	Ohio.
†Meadows, Matthew W.....	Dr. B. F. Bennett,	Kentucky
Miller, John W.....	Dr. B. F. Bennett,	Kentucky
Reynolds, Vance T.....	Dr. E. A. Sturm,	Ohio.
Ross, A. H. Wayman.....	Dr. T. J. Savage,	Ohio.
Ross, William O. H.....	E. M. Institute,	Ohio.
†Sibel, Roy E.....	E. M. Institute,	Penn'a.
Staggs, Joel H.....	E. M. Institute,	Ohio.
Tobey, Wilbur Carl.....	Dr. O. W. Tobey,	Ohio.
Wimer, William W.....	Dr. W. B. March.....	California
Total, 32.		

LIST OF GRADUATES.

NAMES.	SUBJECT OF THESIS.	STATE.
ARCHER, J. ALEC.....	Menstruation.	Kansas.
BIXEL, PETER D.....	Constipation.	Ohio.
BRODBERGER, WILLIAM L.....	Phthisis Pulmonalis.	Ohio.
CONRAD, JESSE FRANKLIN.....	Scarlatina.	Ohio.
DE CROW, REEVES WARREN.....	Transition from Old to Modern Physician.	Ohio.
DECH, SCHUYLER H.....	Pediatrics.	Penn'a.
DUVALL, FLORENCE T., M. D....	Placenta Prævia,	Ga.
GRAHAM, WILLIAM HENRY....	Difficult Labor.	Ohio.
HARVEY, EDWIN R.....	Acute Peritonitis.	Ohio.
LONGFIELD, FRED. JOHN.....	Typhoid Fever.	Missouri.
MCNINCH, JAMES ROBINSON....	Hypertrophy of Tissue,	Penn'a.
MERCER, EDWARD H.....	Rubeola.	Ohio.
MILLER, GEORGE ROBERT....	Diphtheria.	W. Va.
NELDON, CHARLES MARION....	Impotence.	Ohio.
REIFF, CHRISTIAN W.....	Observations on Anes- thesia.	Indiana.
RIGGS, LESTER B., B.L.....	Hernia.	Ohio.
SHIRAR, LEWIS.....	Pulmonary Tuberculosis.	Indiana.
SLOAN, CLARENCE R., B.A.....	Psycho-Therapeutics.	Ohio.
SMITH, SAMUEL FREDERICK....	Sleep.	Florida.
SMITH, WILLARD ORVILLE....	Inflammation.	Indiana.
STEPHENS, WILLIAM L.....	Hemorrhage.	Illinois.
VAN BUREN, ROBERT CARL....	Use, Abuse, and Effects of Alcohol.	Ohio.
WERNER, WILLIAM LEWIS....	Epilepsy.	W. Va.
WHITACRE, R. FREDERICK....	The Medical Student.	Ohio.
WUIST, J. FRED.	Post-partum Hemorrhage.	Ohio.
ZOLMAN, ELMER E., B.S.....	Pneumonia.	Indiana.
Total, 26.		

RECAPITULATION.

Seniors.....	29
Juniors.....	37
Sophomores.....	43
Freshmen.....	32
Total.....	141
Graduates.....	26

PERISCOPE.

A DANGEROUS PRACTICE.

Scarcely a week passes which does not bring to our notice a case of sickness or even of poisoning with serious results, induced by samples of medicines of one kind or another, thrown in children's way. It has been but a short time since a child in Detroit got hold of a package of headache pellets, thrown into the vestibule by some distributor of advertising matter, and ate them. As the composition of these was secret, no one knows the harm that might have resulted but for the prompt treatment of the family physician, who was immediately summoned, the family having discovered the child in the act of swallowing the last of the half dozen pills.

It is not often that the child escapes so easily the consequences of youthful ignorance, and it seems perfectly plain that no one should be permitted to expose it to such danger. Most of the powders, pills, tablets, etc., that are distributed as samples are intended for adults, and contain active cathartics, powerful sedatives, or other potent drugs in doses many times larger than can safely be administered to children if, indeed, at all. If the manufacturers would instruct their distributors to see that the samples are delivered only to grown persons, some of the danger might be obviated. It would be still better, so far as safety is concerned, for all samples to be given out from the drug store. It is not for us to find a better way for the makers to do business, however. They should, in the name of humanity, desist from the present practice of indiscriminate distribution and set themselves to find a way whereby the same ends can be accomplished without endangering human life and health.

In this connection might be noted the distribution of indecent advertising matter. It is perhaps as bad to poison a child's mind as his body, although the evil effects are not so soon apparent. But the circulars and pamphlets of numerous lost manhood and female compounds advertisers at best generally discuss subjects quite too freely concerning which young boys and girls have a morbid curiosity born of ignorance, and suggest to them practices which should be avoided. Perhaps this is their idea of "creating a demand" and sowing the seeds for a future harvest. At any rate, the information conveyed in this kind of "literature" is not usually accurate or from scientific sources, and is therefore undesirable, besides being of a nature that, in any event, is more appropriately conveyed by parent or physician. Some of the worse kinds of this advertising matter are illustrated in a revolting manner, for, while pictures of the reproductive organs have their place in scientific literature, it is not exactly pleasant to have them flaunted in one's face by quack advertisers, who use them as a means of attracting the attention of the ignorant and the young. *The New Idea.*

THERAPEUTICS OF HEART DISEASE.

Dr. William M. Thomson insists on accuracy of diagnosis as to the existing stroke of the heart before any treatment is instituted. With fever, cardiac pain, either sensible to the patient or elicited by upward pressure during expiration under the left costal arch, with hurried breathing, rapidly rising pulse, disturbance of rhythm, with or without murmurs, requires: Leeches to the pericardium, then poulticing (flax-seed and extract of hamamelis), laudanum added just before application, the whole to be covered with oiled silk. Acute pericarditis may be fatally aggravated by exposure to cold. Because the nervous relation between skin and heart is so close, vascular sedatives to the former are preventative or remedial against acute carditis. Topical blood letting is of value. A leech applied to the sternal notch will relieve the dyspnoea of thoracic aneurism. Several applied to the epigastrium check the vomiting of acute gastritis. Leeching the mastoid relieves the pain of meningitis. In rheumatism, with impending carditis, surface chill can be avoided by placing the patient between blankets. In acute carditis aconite is of paramount importance, relieving cardialgia and slowing the heart. The alkaline treatment of rheumatism gives better results, so far as the heart is concerned, than do the salicylic salts. A constant exhibition of aconite pushed to point of slowing and quieting the pulse is also indicated in acute exacerbations of chronic heart disease. Dropsy and pulmonary engorgement are largely due to cardiac fatigue; rest in bed overcomes them and causes a diminution in the dyspnoea, with great general improvement. Indications for giving aconite rather than digitalis, etc., are strong laboring heart impulse and a rapid pulse. The latter with cardialgia also requires aconite. But a rapid pulse of high tension often indicates commencing heart disease following high primary kidney disease. *Veratrum viride* is more satisfactory under these conditions, through its specific dilatation of the arterioles in addition to slowing heart action. In acute parenchymatous degeneration, as that due to diphtheria, with digestion and dissolution of muscle (cardiac) tissue, and of the muscular walls of the arteries, blood pressure is lowered and continues progressively until death. Surface pallor is characteristic of this condition. Digitalis in these conditions is very mischievous. To produce its contractile effect it must act on nearly normal muscle fibre. With degenerated fibres, either fatty or parenchymatous (diphtheria), or from weakening of fever toxins (typhoid), it is powerless. The general effect of digitalis is to diminish the size of the heart's cavities; therefore, when the heart walls are overdilated, too much residual blood remains after each septole, from inability of the muscle to contract. In the cardiac weakness of diphtheria, alcohol is indicated in large doses, also strychnine and caffeine; camphor eight grains, hypodermatically in sterilized oil twenty minims, repeated as occasion requires. The same are

indicated in rheumatic heart failure. Indications for stopping aconite and giving other sedatives, with a change of stimulants, are: Feeble heart-beat, with cold extremities. Following a severe rheumatic attack, long rest in bed, especially in children, is of great value. Continuous exhibition of aconite often prevents a subsequent endocarditis. Pericarditis, followed by adhesions to the chest walls, prevents the heart from fully contracting; then result great dyspnoea, general valvular incompetence and dropsy. Strapping the left chest firmly gives great relief. For the cardialgia belladonna is serviceable, allaying spasm and restoring normal rhythm. It is often useful in mitral stenosis. Myocarditis is a common cause of failure of compensation after middle life. It precedes valvular incompetence in many instances. Gastric and intestinal flatus, with or without ascites, embarrasses the heart. Sodium benzoate, ten grains thrice daily, is useful; or sodium phosphate, two drachms in a tumblerful of water each morning. Blue pill, once every four nights, with half an ounce of sodium phosphate next morning, acts well as a laxative. No diuretics can equal rectal irrigation with decinormal saline solution, four gallons at 110° (Kenip's irrigator.)

For these patients digitalis is invaluable; in dilatation following hypertrophy, with mitral regurgitation, etc., half an ounce of the infusion of digitalis every four hours for three days is to be followed by thirty drops of a mixture of equal parts of the tincture of digitalis, strophanthus and nux vomica. Nitroglycerin should be given with each dose of digitalis to counteract increased arterial tension. If the three tinctures are not borne by the stomach, give the following: Sparteine sulphate one grain, powdered squill half a grain, citrate of caffeine one and a half grains, strychnine one-thirtieth of a grain.

Permanent improvement comes from restoration of nutrition, and not from stimulation of function. Fresh air is of the greatest use in restoring damaged muscles to health. Iron in chronic heart disease helps to oxygenate the blood and improve nutrition. Chronic endo-arthritis can be treated with corrosive sublimate, one-twenty-fourth of a grain three times a day for a week at a time; omit for a fortnight. Sodium is preferable to potassium iodide, for potash is depressing to the heart. It should regularly be used in chronic enlargement of the heart, with arterio sclerosis. Oertel's mountain climbing. Schott's baths, etc., are often very useful. The latter open closed arterioles by cutaneous stimulation, and thus lessen arterial tension; relief for the heart follows.—*Med. Record*, 1900.

W. N. M.

Mental Sanitation.

The manner in which the public has been taken into medical confidence in the matter of tuberculosis has resulted in a wide-spread knowledge of the subject, which has had a decided effect in modifying the general morbidity of the disease. In an admirable paper contributed by Dr. R. W. B. Smith to the *Canadian Journal of Medicine*,

the writer contends that the time is approaching when a similar method of popular edification is to take place in regard to insanity.

Among other things, the writer contends that the public should be enlightened in regard to insanity that they may properly estimate the potent factor of heredity. A morbid disposition is insidious in its development, and therefore should receive early attention and control.

A recognition of the variability of individuals for bearing strains and burdens is one of the first necessities if extensive nerve breakdown is to be avoided. The imposition of these burdens beyond the capability of the individual causes many cases of insanity to develop. The knowledge of a few facts of this kind might with advantage be taught in the public schools. If the prevention of insanity is to be brought about, it will not be by the study of mental disease so much as by the enlightenment of public sentiment, and the establishment of the correct principles of mental sanitation.

Another most important factor in the prevention of insanity consists in a proper study of child-character. A careful consideration of the development of mental phenomena during the period of growth in a child would often be the means of adjusting the mental burden to the capacity of the bearer, and so to avoid the defection which must follow from overstrain.

The prevention of insanity becomes a problem of individual mental sanitation, and the sooner this is realized by the general public, the sooner will the happy result be attained.—*The Medical Age*.

TEXAS MEDICAL LAW.

Texas has enacted a medical law which becomes effective next July. Below see synopsis.

1. Three Boards of Medical Examiners are provided, Allopathic, Eclectic and Homeopathic, each composed of nine members, six constituting a quorum.

2. Candidates are to be examined upon the following subjects: Anatomy, Physiology, Histology, Pathology, Chemistry, Materia Medica, Therapeutics, Practice of Medicine, Surgery, including diseases of the eye, ear, nose and throat, Obstetrics, Gynecology, Hygiene and Medical Jurisprudence.

3. In case applicant shall fail to pass the examination, he or she shall not be permitted to go before the Board again for one year thereafter.

4. Three members of the Board may be appointed by the President to examine a candidate and grant a temporary certificate if found qualified, which shall entitle him to practice until the next regular meeting of the Board.

5. Physicians holding a certificate from a state board whose medical law is as thorough as that of Texas, and whose certificate bears the endorsement of the President and Secretary of the Board who issued it, may have a certificate issued without examination, by paying the usual fee of \$15.

There is no country in the world that holds out so many inducements to Eclectic physicians as Texas. Every business and industry is in a flourishing condition. Our climate is unexcelled. For further information address L. S. Downs, M. D., Galveston, Texas.

Eclectic Medical Journal.

A Monthly Journal of Eclectic Medicine and Surgery. \$2.00 per Annum.

JOHN K. SCUDDER, M. D. MANAGING EDITOR.

ASSISTED BY THE FACULTY OF THE ECLECTIC MEDICAL INSTITUTE.

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THE NATIONAL.

The 31st annual meeting of the National Eclectic Medical Association was held at Chattanooga, Tenn., June 18, 19 and 20. The meeting was opened in the Auditorium on Tuesday, at 10 A. M., by President Standlee. Rev. Alonzo Monk, of Knoxville, delivered the opening prayer. Mayor Wassman made the address of welcome, Prof. Lloyd responding. Dr. Standlee delivered his Presidential address, which was listened to with great interest.

The appointment of committees and usual routine business followed. The Treasurer's report to June 1st showed all bills paid and over \$700 in the treasury. The Secretary's report showed marked progress during the year.

Tuesday afternoon, the Tennessee and Georgia societies tendered the members of the Association and their friends a complimentary ride up Lookout Mountain, and supper on the summit.

Wednesday morning was devoted to section work, and in the afternoon a carriage ride of 15 miles through the famous Chicamauga Park and the historical battlefield of Missionary Ridge. The evening session was devoted to the consideration of the revised constitution and by-laws. The much needed revision does away with the interminable number of standing resolutions.

Thursday morning the election was held, resulting as follows:

PRESIDENT: G. W. Johnson, M. D., San Antonio, Texas.

1ST VICE PRESIDENT: J. Paul Harvill, M. D., Nashville, Tenn.

2D VICE PRESIDENT: H. H. Brockman, M. D., Eldin, Mo.

3D VICE PRESIDENT: L. Bailey, M. D., Middletown, Conn.

RECORDING SECRETARY: Finley Ellingwood, M. D., Chicago, Ill.

CORRESPONDING SECRETARY: N. A. Graves, M. D., Chicago, Ill.

TREASURER: W. T. Gemmill, M. D., Forest, O.

Place of next meeting, Milwaukee, Wis.

Nearly one hundred members out of an active membership of 446 were present, and in addition about 75 visiting physicians and others. Thirty-eight new members were admitted, all of whom at once perfected their membership.

We wish to make several general comments at this time, which apply equally to all meetings which the writer has attended in the last twelve years.

First, the sessions must be extended to four or five days, or two sections must work simultaneously, in order to carefully and systematically accomplish the necessary amount of work. We prefer the latter method for the present.

Second, the Secretaries of the various State societies must systematically solicit by correspondence and personal work at their annual meetings, the securing of new members. Our school of medicine claims about 10,000 physicians, approximately the same as the Homeopathic profession, yet the national organization of the latter embraces over 1,600 members.

Third, less attention must be given to the election. Too much time is consumed in electioneering, to the detriment of the necessary business of the convention, and the proper attention to section work.

A more extended account of the meeting will be found in the August number of the Journal.

PRETERNATURAL LABOR.

II. SHOULDER PRESENTATIONS.—In order to deliver the fully matured foetus at term, one extremity or the other of the long diameter must present, engage and advance; thus the breech, knees or feet, or on the other hand the vertex, which is most usually the case, must become most dependent in order to deliver a living child.

An exception to the usual rule constituting one of the features of preternatural labor is presentation of the trunk, cross-birth or shoulder presentation. This is much less frequently encountered than breech cases, probably not occurring more than one-eighth as often; however, the consequences are very much more severe, and the mortality considerably increased for both mother and child over breech cases. These various positions of the body, whereby the long axis of the foetus is at right angles with that of the uterus during gestation, usually resolve themselves during labor into a shoulder presentation.

Various causes have been assigned to account for shoulder cases; there is always a tendency, and no doubt such cases are frequently owing to an oblique distortion of the pelvis, or lateral displacement or version of the uterus, as a consequence of which the head is deflected to the side with the advancement of gestation, rendering the shoulder the most dependent and resistant part at the beginning and during the continuance of labor.

Again, in the event of an undue development of the head, or hydrocephalus, preventing engagement at the superior strait, it may be replaced by the shoulder in the pelvic axis as the contractions increase in force and frequency; other cases have been attributed to increased mobility of the foetus, unusual distension of the uterus, as in

hydr mnios, pleural pregnancy, the presence of uterine tumors, etc.; also to placenta previa, as well as wearing belts or constricting clothing about the body, tight lacing during pregnancy; while no doubt the difficulty may in other instances frequently depend upon traumatic consequences, falls, blows, jars, to say nothing of the innumerable injuries that may befall the woman during pregnancy. This variety of preternatural presentation is of greater likelihood in the multiparous female, owing to the lax and non-resistant tendency of the uterine and abdominal walls.

Shoulder presentation, or cross-birth, may be suspected in some cases during late gestation, because of the peculiar contour of the developing uterus, owing to the transverse position of the child, and the long diameter of the foetus opposing that of the uterus. Again, the enlarged uterus may present very irregular outlines; however, there is no way of rendering a positive diagnosis short of a careful vaginal examination at the time of labor, and usually not earlier than the beginning of the second stage.

In the event of shoulder presentation, there will be lack of uniformity and marked irregularity in the pains; dilatation follows slowly. The presenting part will be very high, usually beyond reach during the first stage; the membranes will be found pouching, somewhat resembling the fingers of a glove, and often protruding in this elongated form through the os into the vagina. Under such circumstances there must be strong presumptive evidence of preternatural labor, in which either the shoulder or breech would be presenting. Especial care should be exercised in making examinations during the first stage not to rupture the membranes; they yield very easily if pressure is made upon them, and they frequently rupture spontaneously during the early stage, rendering the labor protracted, tedious and exhaustive. As soon as the second stage is on, or there is sufficient dilatation, a thorough examination should be instituted in order to confirm our suspicion of preternatural labor, and positively determine the nature of the same, as to whether the shoulder or the breech is presenting. In the event the shoulder be most dependent it can be recognized by its peculiar characteristic features as the prominent acromion process, the head of the humerus, spine of the scapula, the axillary space, clavicle, upper ribs, intercostal spaces, etc. The essential point will usually be to differentiate from the breech. This will usually be an easy matter if the examination be carefully made, and will depend on the absence of the large rounded and resistant tuberosities of the ischia with intervening natal fissure, the well defined tip of the coccyx, as well and conclusively as the genital organs.

As soon as the diagnosis has been positively determined, the husband, relatives, nurse, or some one in authority, should be apprised of the fact of a cross-birth, and the danger the labor and delivery will incur. The danger to both mother and child is greater than in any other variety of preternatural labor. The mortality to the mother is

something over eleven per cent., while to the child it will probably reach fully fifty per cent.

After a diagnosis of shoulder presentation the next point in importance is to determine which shoulder presents, and the position it sustains. Four positions are recognized in shoulder cases, two for each shoulder. They are known as first left cephalo-iliac, first right cephalo-iliac, second left and second right cephalo-iliac. The numeral first indicates that the right shoulder presents, and the terms right and left that the head is lodged in the corresponding right or left iliac fossa. Several authors have suggested other names for the positions, as left dorso-anterior, right dorso-anterior, and left and right dorso-posterior. These terms, however, it appears to us, are less comprehensive and direct in their application.

The position is readily determined by observing care in making the examination to notice the relation of the foetal parts to those of the pelvis; the axilla always looks toward the feet, and consequently the position of the head may be known to be in the iliac fossa opposite. The arm will frequently be found prolapsed, and may be drawn down if need be to determine the presenting shoulder and its position. Thus, if the palmar surface of the prolapsed hand be directed toward the pubic symphysis, the thumb turning toward the right, it is the right hand, and consequently the right shoulder presenting; if the thumb turn to the left side, it is the left hand, and a left shoulder presentation. In case the back of the hand be to the front, the opposite relations obtain; thus the back of hand to the front, thumb to left, indicates right hand and shoulder, etc. It should also be remembered that the head is always in the direction of the thumb; thus, if the thumb be pointing towards the left, the head will be in the left iliac fossa, and *vice versa*. One should likewise not forget the fact, in diagnosing positions, that if the palmar surface of the hand be directed to the front, the child's face will be looking towards the mother's abdomen, while if the dorsal surface be to the front, the back of the child will be to the maternal abdomen.

The treatment in such cases consists in changing the relations of the foetus so that its long diameter is parallel with the axis of the pelvic outlet. This is accomplished by version, or a turning of the foetus, so as to bring the cephalic or podalic extremity as the presenting or most dependent part. This will be our subject in the next number of this series.

R. C. W.

HEART REMEDIES.

It has been questioned by some whether we have any real heart remedies. Some believe that the majority of so called tonics and stimulants are heart remedies; while still others contend that heart remedies are such only by virtue of their primary action upon the nervous system, and secondarily by their effects upon the nervous mechanism

of the heart. Nevertheless, we are accustomed to speak of heart remedies, and a few such agents in common use are best known respectively as heart tonics, heart stimulants, or heart sedatives.

Probably one of the most valued of so-called heart remedies, by Eclectics at least, is *cactus*. This drug is a remedy, we believe, chiefly for functional heart affections, exerting its effects chiefly by its control over the nervous mechanism of the heart—chiefly if not wholly through the sympathetic. We believe that its long continued use benefits the heart tissues, for it appears to increase the nutrition and waste of the heart-muscle. Even by those who are skeptical concerning the action of remedies not possessing striking and powerful effects, it is conceded to be of great value in mitral regurgitation due to valvular insufficiency. If structural heart disorders be aggravated by disordered innervation, whether the heart action be feeble, rapid, violent, or irregular—if there is mental depression or mental excitation—this remedy gives relief as promptly as any agent known. It is, we say, the great remedy for *functional* heart disorders, and as such is prompt in its action. In constrictive cardiac pain, in spasm of the heart-muscle, in nervous palpitation, in cardiac neuralgia, it is often our best remedy. A band-like constriction is a prominent indication for *cactus* in heart or head troubles. The indications for this agent are clear and have been well verified. They are: Impaired cardiac movements, whether violent, feeble, or irregular; heart disorders, with marked nervousness or apprehension of death, anxiety, precordial oppression or constriction; and the irritability arising from a tobacco heart.

Digitalis has been long and favorably known as a heart remedy. It is a decided heart sedative and tonic, and is adapted to both functional and organic troubles. It is a remedy capable of great good, and equally capable of great harm. Its possible cumulative effects should always be borne in mind. It lacks in a measure the nervous indications so strongly exhibited when *cactus* is called for. It is the remedy for asthenia, and is contra-indicated by arterial tension and by powerful heart contractions. The weak, irregular heart beat, and low arterial tension, are the direct indications. Prof. Locke has tersely stated that it is "the true opium for the heart." It is the remedy for cardiac dilatation with feeble and irregular pulse. It is tonic to a weak and enfeebled heart, and sedative to an excited and irregular heart. In faulty action of the valves allowing aortic regurgitation, it prevents valvular leakage, because the heart is relatively weak, and stronger contraction is needed to propel the blood onward. The troubles in which *digitalis* is a positive remedy are: positive or relative heart-muscle debility; dilated right heart with tricuspid incompetence; mitral regurgitation and stenosis; and dilated heart with mitral incompetence. The indications for *digitalis* are well marked: Weak heart sounds; weak, rapid, irregular pulse, with low arterial tension; jugular pulsation, with dusky or cyanotic countenance; dyspnoea; cough; scanty urination, with cedema or anasarca.

Among the newer heart remedies may be considered the English haw or *crataegus oxyacantha*. While this agent is undergoing a period of probation, it is safe to predict that it will prove to be of considerable value in some heart affections, for it is not devoid of active properties. We believe, though, that in their eagerness to advance new agents, its enthusiastic supporters have overestimated its importance. We must admit that it appears to benefit some functional disorders in which we have given it a fair trial, but thus far it has proved inefficient in serious organic affections, not even acting as a palliative. Still it is entitled to extended investigation, and some have contended that it is a positive agent in both functional and organic heart troubles, particularly in mitral regurgitation from valvular incompetency, and in angina pectoris. Rapid and feeble heart action, pain, precordial oppression, short breathing, valvular insufficiency, marked anemia, and venous stenosis, are the reputed indications for its selection. The dose should be liberal, from 5 to 20 drops every four hours.

H. W. F.

CHEMICAL INCOMPATIBLES.

In the progress that chemistry, pharmacy and medicine are together making, recent years have introduced a class of substances known as synthetic remedies. We are also confronted with new chemicals both patented and proprietary which are introduced to the profession as possessing advantages over the old and established remedies both official and unofficial. The object of this article is not to criticise these synthetics whether patent or proprietary, for the writer knows full well that from the mass of substances introduced in this way will come a certain few that cannot but eventually serve the profession and humanity. It is nevertheless true that the large majority of these claimants for professional favor must fall by the wayside, and it is also true that this will be the case with many compounds in which the originators or discoverers have the utmost confidence. Be it accepted then that in calling attention to one phase of this subject to the exclusion of others that the doctor should not overlook, the writer must not be classed as a pessimist opposed to progress. It is simply a statement of fact that has confronted himself these many, many years, and has led him to be very conservative in directions where enthusiasm might often perhaps better prevail.

But to the point. When a new remedy is introduced, one of known chemical composition, and has been tried in certain known conditions and found to produce certain well defined changes both in abnormal life and in disease, the discoverer of the compound is apt to overlook the fact that many conditions may exist in other cases and conditions to counteract the effect of the remedy even though the affections seem to be the same. Among these conditions is to be noted that of decomposition of the remedy itself under the influence of certain materials that may be associated with it by the physician who makes a

prescription, or by the patient even, and the writer believes that too often the physician is unaware or careless concerning these very points. It is certainly not to be expected that a practitioner who administers a synthetic compound or a definite chemical to a patient in which that compound retains its structure until it is assimilated, will derive the effect from this remedy that the physician who administers it in contact with a substance that decomposes into another substance at once will obtain. Neither is it to be expected that a compound that meets in the stomach of one man certain materials which change it immediately into other bodies will give the physiological action that follow where such changes do not occur. These alterations of chemical bodies have been studied in some instances but the results are not generally known to the medical profession. With a view therefore of calling attention to this matter, the following extract from the *British Pharmaceutical Journal*, taken in turn from the *Revue Med. Pharm.* 8, 421, and *Union Pharm.* 42, 155, is offered :

INCOMPATIBILITY OF SOME NEWER REMEDIES.—Acetanilid with antipyrine gives a moist mass, with alkaline iodides and bromides insoluble compounds. Alumol with ammonia precipitates alumina. Amylene hydrate is very hygroscopic. Decomposes into an oil in mixtures. Antipyrine is incompatible with substances containing nitrous or nitric acid, such as amyl nitrite, spirit of nitrous ether; with mercuric chloride: with phenol; with salicylates in the form of powder, a moist magma results; with chloral hydrate; with naphthol; with tannin. Bromoform is decomposed by light. Insoluble in water. Must be dispensed with a "shake the bottle" label. Chloralamide is decomposed by warm water, with alkalis forms ammonia and chloroform. Reduced by silver nitrate. Diuretine must be preserved from contact with air, since carbonic acid, as well as all other acids, sets free the theobromine; incompatible with bicarbonates, phosphates and borates. Dermatol yields gallic acid with dilute warm mineral acids. Di-iodoform yields iodine when acted upon by light. Euphorine, when prescribed with antipyrine, should first be mixed with sugar; otherwise it forms a paste which ultimately becomes liquid. Exalgine liquefies with sodium salicylate when the powders are mixed. Ichthyol should not be prescribed with alcohol; acids decompose it; alkaline hydrates and carbonates set free ammonia. Iodophenine is decomposed by water; substances which have an affinity for iodine do the same. Iodine trichloride forms the explosive NI_3 with ammonia; with alcohol, in presence of alkali, precipitates iodoform; incompatible with organic matter. Phenacetine is decomposed by oxidising agents; rubbed with salicylic acid it forms a soft paste.—From *The Revue Med. Pharm.* 8, 421, and *Union, Pharm.* 42, 155.—*British Pharmaceutical Journal*, June 1, 1901.

The foregoing suggests another idea that it is well to record in connection therewith. It is true that eclectic physicians do not experiment to any great extent in these unknown and comparatively untried synthetics and are very cautious with the entire class, still, such things as this need not to us be intrusions. One of the reasons for the opposition to the introduction of these synthetics and these proprietary compounds into the pharmacopœia of the United States is the

factor that their compatibilities and their incompatibilities are largely undetermined and full descriptions of their chemical affiliations have not been obtained through the pharmaceutical, chemical and professional channels. The manufacturer only is concerned in these directions. He controls the compound absolutely. No other chemist can make it and few manufacturers have any interest in giving it a scientific study. As a result, the structural decomposition and many side affiliations, the bi-products that may be produced from it under certain conditions, some of them perhaps harmful if not poisonous, are involved in obscurity. Hence, it is not so much on account of an ethical opposition to a patented compound as on account of the professional restrictions in this direction that leads many conscientious pharmacists to oppose the introduction into the pharmacopoeia of the United States of all substances in which not the chemical composition alone but the process of manufacture is not free to the world at large, thus interesting physicians and chemists in studies of the substances named.

J. U. L.

CHEMICAL EXPERTS.

Just now we are consulted and corresponded with by many people from many different sources regarding a subject that is really of national importance. It concerns the question of error in public analysis, of mistakes made by professional chemists, of ultra enthusiasm in behalf of clients whose part the chemist proposes to uphold, or perhaps it might be better put, in whose interests the chemist has become involved. The reason for this state of affairs will be plain to whomsoever has read the poison case in "Stringtown on the Pike", as will also be evident the reason for the communications coming in the direction of its author. Whoever has listened to the two sides of a case such as this where chemical experts confront each other, cannot but be convinced of the fact that mistakes must exist somewhere: errors of judgment, perhaps errors of personal equation or great enthusiasm in behalf of that which one person perceives and the other cannot. It is evident to us that this condition of affairs must remain as it is until by the evolution that is sure to come, an evolution in which we are all concerned, the court appoints experts acceptable both to the plaintiff and the defense, experts whose standing is such as to make it impossible for any attack to be made against either their integrity or their qualifications. Then it is that the plaintiff and the defense can select chemical counsel who will see to it that the work done by the official expert or experts is in every way correct and exhaustive. In other words, when an official expert comes into the court with his report, the attorneys for the plaintiff and the defense respectively will be there with their chemist counsel to see to it that no point has been overlooked and that no error has been made. The following extract from the British pharmaceutical Journal which inspires this

editorial indicates that our cousins on the other side of the water are also interested in the mistakes and errors of public analysts.

"THE MISTAKES OF PUBLIC ANALYSTS—are beginning to receive attention in Parliament, Mr. T. R. Dewar having asked the President of the Local Government Board, on Thursday, March 7th, whether his attention had been drawn to the fact in several prosecutions recently against tradesmen for the alleged sale of adulterated articles, notably at Portsmouth and Kackney, it had been shown that the public analysts on whose statements action had been taken were guilty of grave mistakes; Mr. Dewar also asked whether Mr. Long could take any steps to prevent respectable tradesmen being unjustly summoned upon erroneous certificates. In reply, Mr. Walter Long said, he had communicated with public analysts in two instances referred to by Mr. Dewar. He found that certificates given by them in the one case as respects a sample of baking powder and in the other as respects a sample of butter, were not upheld on reference to the Government Laboratory. The circumstances did not appear to show, however, that the analysts were to blame. In one of the cases the analyst seemed to have taken special care in the matter. Mr. Long added that he had no power to take steps for the purpose mentioned in the last part of the question, and, speaking generally, it appeared to him that the tradesmen were sufficiently protected by the power to have an analysis verified in Somerset house."

J. U. L.

COCAINE INJECTION INTO THE SPINAL CORD.

It was my pleasure while in Paris to meet Professor Theodore Tuffier, the surgeon who was the first to design and carry into execution spinal cord injection of cocaine for the purpose of making the lower part of the body and legs insensible to pain during the performance of any severe surgical operation. Dr. J. D. Lisle, a very prominent American physician, connected with the Pasteur Institute, through his friend, Dr. Julian, made arrangements for me to meet Prof. Tuffier, of the Lareboisiere, in the Boujon hospital, where he was holding temporary clinics, and witness his method of spinal cord injection, at the "filum terminale", and note the effect it had on the clinics.

During a conversation with Prof. Tuffier, he said that this case made number 561 on whom he had used the spinal injection without accident or death. The first clinic was a man about 65 years of age, who had sustained a compound, comminuted fracture of the right leg between the knee and ankle. A hypodermic of two per cent solution of cocaine was injected into the lower part of the spinal cord, and ten minutes thereafter, there was complete insensibility in either leg. An incision was made about six inches in length, extending down to the bone over the region of the fracture, and the bones properly coaptated and held in place by silver wire, after which the wound was carefully

sutured and the patient removed from the table, all the time being entirely conscious of the surroundings, and talking, not complaining of pain.

The second clinic offered was a woman about 35 years of age, suffering with carcinoma of the left breast. She was subjected to the spinal cord injection, which produced complete insensibility of pain in either leg: and the insensibility extended upward to the lower half of the diseased breast. It was the theory of the operator, that by using a larger amount of cocaine, and introducing it with more force and rapidity, it would carry the anæsthesia of the parts sufficiently high, to enable him to amputate the breast. After waiting some fifteen minutes, the cutaneous tissue was pinched up with hæmostats, on which the patient cried out "ow' ow, monsieur", and for another five minutes he desisted from interfering with the breast, hoping that the anæsthesia would extend over the entire field. But such was not the case, and he was obliged to resort to the use of chloroform in the completion of the operation.

L. E. R.

CAFFEA—COFFEE.

The specific medicine is made from the unroasted or green berries, and differs very materially from the roasted coffee. The dose is from one to four drops every one to four hours. It is undoubtedly a nervous stimulant, and too much of it will make one irritable, wakeful, weak and trembling, etc. It is said by some to cause a full portal circulation, interferes with hepatic functions, and favors the formation of piles, or hemorrhoids.

Coffee is sustaining and restorative, but cocoa surpasses it as a sustaining remedy; it is, however, less stimulating than coffee. Coffee may be said to be indicated when there is disordered function due to *atony*. Coffee is therefore an excellent remedy in some forms or cases of nervous headache, or where the cephalalgia is due, in part at least, to anemia. It is also beneficial when given in nervous coughs, both in children and in adults.

Coffee, good and strong—that is, an infusion of the browned berries—is usually the first remedy thought of in cases of opium or narcotic poisoning. Specific *caffea* is a remedy frequently given in spasmodic asthenia and in spasmodic constriction of the larynx. It is also a valued remedy when there is depression and dizziness. Coffee is a remedy as well in some cases of alcoholic mania, in migraine, and in nephritic colic, and collapse from any cause.

It is claimed that large doses of coffee act as an aphrodisiac, while small doses are anaphrodisiac in their action. The chief characteristic of the coffee case is *adynamia*, and it may be the remedy in a typhoid fever case, or a case of acute or chronic Bright's disease.

Coffee is said to diminish the milk supply of the nursing woman; in overdoses it provokes constipation and in medium sized doses pre-

vents or overcomes it. No doubt one accustomed to drinking coffee as a beverage, is not as easily affected by its administration as a medicine. In our opinion the green *caffea*, or the specific medicine made from it, is worthy of some study. It contains caffeine in large quantities, and it is a very active drug.

W. E. B.

SOLANUM DULCAMARA.

Tonic bittersweet This is an old galenical that seems to have a very positive action in some directions. This may be in part due to an active principle which it contains that very much resembles strychnia or nicotine. We believe it worthy of special study and experimentation. From twenty drops to five drachms of the specific medicine are usually added to four fluid ounces of water, and of the mixture a teaspoonful is given every two to four hours.

Dulcamara is indicated by cold, purple extremities, full tissues, more or less edema and a scaly skin. Whether we ascribe to it alterative, diuretic, diaphoretic or discutient properties matters but little if we bear in mind these indications.

Its efficiency is vouched for by many writers as a remedy in cutaneous diseases of a scaly nature, like pityriasis and psoriasis, and by some it is said to do as well in the pustular and vesicular varieties. Dulcamara may be used with confidence in the later stages of syphilis and scrofula, and to remove the deposits due to any chronic inflammation. It is a remedy for many cases of chronic rheumatism. It is efficient, too, many times in the headaches, nausea, chilliness, etc., due to suppressed menstruation. It is frequently prescribed for cough, difficult respiration, pain in the chest from cold, and when the eruption of measles, scarlet fever, etc., has receded.

Prof. H. T. Webster speaks well of dulcamara in the treatment of catarrhal bladder troubles, in satyriasis, nymphomania, itching of the pudendum, vaginal pains, etc., in the female, and in spermatorrhea and impotency in the male. Though an old remedy and somewhat misused, we believe it one worthy of attention.

W. E. B.

CNICUS BENEDICTUS—Blessed Thistle.

This remedy was used to quite an extent by some of the older Eclectics and herbalists. Recently but little is heard of it. The dose of the specific medicine is from one to five drops well diluted, every one to four hours. It is classified as a tonic, stomachic, diaphoretic, and emmenagogue. It had an excellent reputation as a remedy for acute colds, and in the forming stage of fevers and inflammatory diseases. It restores strength and action to the torpid stomach, increases digestion, etc. As an emmenagogue, when the suppression is due to cold, it is very certain in its action. We confess that our clinical experiences with this drug have been rather limited. We would be pleased to hear from any one who has used it.

W. E. B.

BOLETUS LARICIS, or Purging Agaric.

The specific medicine boletus is an active remedy, and is usually given by adding ten drops to four ounces of water, and of this mixture the dose is one teaspoonful every one or two hours.

The chief action of the drug is as a nervous stimulant. It acts upon both the spinal and sympathetic nervous systems. Dr. J. M. Scudder speaks of boletus being the equal if not the superior of quinine in the treatment of obstinate and long standing cases of ague, or in recurring ague, etc. It acts nicely in bilious remittent fevers, overcoming the periodicity readily.

Through its action upon the nervous system, boletus in proper doses checks or diminishes the various secretions of the body. To this action is due the satisfactory results obtained when it is given for chronic diarrhea or dysentery.

Many writers credit boletus with a beneficial action when given for the night sweats and hectic symptoms due to phthisis pulmonalis. It relieves the cough and expectoration, and controls the weakening fluxes and diarrhea. Boletus overcomes many of those distressing periodical and nervous headaches which are so prevalent. It is an excellent remedy in some cases of "ague cake," (but not the equal of polymnia uvedalia,) and of jaundice.

Because of its nervous influence, boletus should be thought of in the treatment of stubborn cases of epilepsy, of chorea, and insanity. It is especially indicated in these cases when there is too much blood in the cerebral vessels. It controls the circulation, provokes a free flow of urine, and promotes a nervous equilibrium that tends to recovery. Try it.

W. E. B.

SYPHILIS DUE TO A SPECIFIC GERM.

Dr. J. D. Lisle and Prof. Julian, of the Pasteur Institute, have been experimenting and carrying on a very exhaustive research in regard to the cause and cure of syphilis. They have thus far in their investigations been able to discover and point out the definite micro-organism that is the cause and producer of havoc in syphilitic lesions. The two investigators placed under the field of a microscope several slides, and called my attention to the syphilitic bacillum so characteristic in these lesions. They have propagated the disease on several animals by inoculation, and have also discovered the anti-toxine agent which destroys the syphilitic germ. I understand that they have placed in the Academy of Medicine, Paris, a sealed envelope containing a history of their discovery together with the results obtained by the use of this new method of dealing with this lesion, which, in the near future, will be given to the public.

They have also entrusted to the care of several students and critics their new discovery, and thus far, all investigations seem to confirm their theory and work as being of merit; and this manner of dealing

with this lesion, proven beyond a doubt conclusive, will be a greater advance in the medical science, probably more far reaching than any discovery made in years.

In conversation with these two eminent workers in this special field, I learned that they had been able to prove beyond a doubt that death ends all, and at once destroys the syphilitic bacilium, and no case of the disease has been, or will be, recorded as having been produced from the virus of the diseased and dead syphilitic patient. That they had attempted in vain, after great care and experiment to develop any syphilitic lesions from the virus obtained from the patient after death.

L. E. R.

THE OHIO SOCIETY.

The Ohio Society will meet at the Beebe House, Put-in-Bay, July 16, 17, 18. An interesting program has been prepared, and a large attendance is anticipated.

THE KING MONUMENT.

Thirty State delegates, one hundred visiting physicians, and over two hundred other friends, were in attendance at the dedication of monument marking the final resting place of the venerable John King, M. D., one of the most distinguished of the Fathers of Eclecticism. The day was beautiful, and the ceremonies were appropriate.

The following program was rendered June 16th, 1901:

1. Solo.....Mr. J. J. Moore.
2. Opening Prayer.....Rev. J. M. LaBach, D. D.
3. Prof. King in the Community.....David W. McClung, Esq.
4. Duet.....Miss Flora Taylor, Mr. J. J. Moore.
5. Prof. King in the Medical Profession....Rolla L. Thomas, M.D.
6. Closing Prayer.....Rev. J. M. LaBach, D. D.



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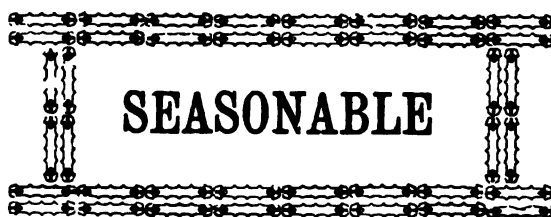
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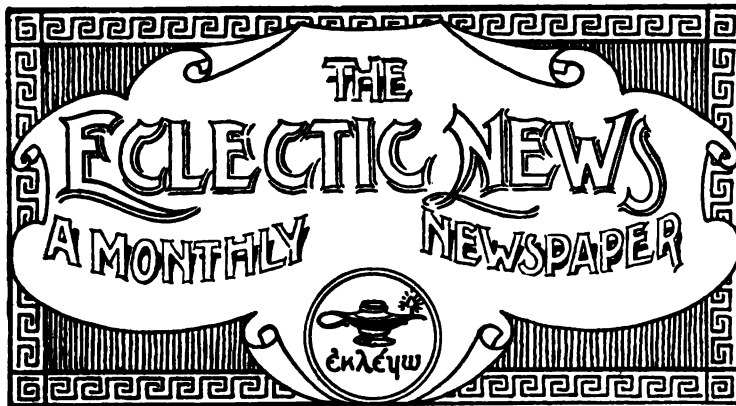
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BOOK NOTICES.

PULMONARY CONSUMPTION, Pneumonia, and allied Diseases of the Lungs: their Etiology, Pathology and Treatment, with a Chapter on Physical Diagnosis. By Thomas J. Mays, M. D. New York: E. B. Treat & Co. Price, \$3.00.

This book is to be commended if for nothing else than that the author has gone beyond the common orthodox lines, and offers us some ideas and convictions that result from a thirty years' devotion to the conscientious study of these diseases. He formulates the fundamental concepts of the book thus:

1. That pulmonary phthisis, in the large majority of cases, is primarily a neurosis, and that the pulmonary disintegration is secondary.
2. That any agent, influence or condition, which undermines the integrity of the nervous system, will engender pulmonary phthisis, or some other form of pulmonary disorder.
3. That the only remedies of value in the treatment of pulmonary phthisis, are those which are applied to and act through the nervous system.
4. That of special value in the treatment of phthisis is the counter-irritant action of silver nitrate, introduced hypodermically over the nape of the neck.
5. That acute pneumonia and other forms of acute pulmonary disease, are closely affiliated with disorder of the nervous system.

We have no severe criticisms to offer upon these. We might differ only indirectly. We have argued for some years that consumption is a disease of malnutrition, and that no matter how strong the hereditary tendency to phthisis might be in a person, the disease could not gain a start, or after it was started could make no material progress or inroads so long as the patient could be fed well and assimilation was nearly normal. As for phthisis being neurotic in its origin, it

might be so maintained of all disease of whatever nature in this way: The nervous system is the direct maintenance of life and function; a below-par nervous system means below-par resistance, and the consequence depends upon the infection, which may be from within or from without. It may be phthisis, pneumonia, measles, small-pox, syphilis, anything. A normal body can not become infected in any way, but once its forces are weakened, it succumbs to disease. Absolute integrity, no disease; disintegrity, any old disease, then the feeding place of bacteria.

Altogether the book is a good one. We like to see a man have opinions differing from those of the common herd. We have no faith in the nitrate of silver injections. There are dozens of better remedies.

W. E. B.

HYPNOTISM. A Complete System of Method, Application and Use, prepared for self instruction of the medical profession. By M. W. DeLaurence. Illus. The Henneberry Co., Chicago. Price \$1.50.

This is the best treatise yet published upon the subject of hypnotism. Directions, practical, plain and simple, are given how to induce hypnotic states. Any physician who desires to experiment in the field of suggestive therapeutics will find in this work just what he needs to aid him. The book contains a complete exposition of all the secrets of hypnotism, animal magnetism, and mental suggestion. Every method of producing hypnotic and trance-like conditions is given fully and carefully. The work is heartily recommended to every one interested in hypnotism.

L. W.

ORTHOPEDIC SURGERY. By R. Whitman, M. D. Octavo, 642 pages, with 447 illustrations. Cloth, \$5.50 net. Lea Brothers & Co., Philadelphia and New York.

This is a very praiseworthy volume. Its physical make-up deserves no criticism. Its illustrations are fine, and they are nearly all from original photographs of actual cases.

We commend this volume especially to the general practitioner, rather than to the surgeon, because it is the family doctor who first sees these cases. To him it must prove a clear and trustworthy guide.

The author's position and experience have enabled him to produce a book that is plain, practical, authoritative, modern, helpful. He has presented the subject in a manner which his experience has taught him to be most acceptable to students and practitioners, outlining methods of examination, explaining symptoms, and so illustrating the causes and results of orthopedic affections as to indicate in natural sequence the best treatment, which is then explained in complete detail, with excellent and telling illustrations. Every method of treatment recommended, whether operative, medical, or preventive, is that which has stood the test of successful practice, and is accepted as the approved procedure of to-day. No book known to us will help add so much to the doctor's usefulness as this one.

W. E. B.

ECHAFOLTA

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IN ALL

SEPTIC CONDITIONS.

"During the recent summer, I believed I saved the life of a little negro boy by the use of Echafolta and this remedy alone. He was about four years old, and his surroundings were of the most unsanitary character and his nursing the poorest imaginable. In spite of these unfavorable conditions he recovered after an exhaustive disease lasting more than two months. The trouble began very much like a case of continued fever, but of a low type. He continued to get worse and about the second week experienced an alarming condition approaching collapse. The heart action became very feeble and intermittent. Following this depression came an exhaustive diarrhea of a choleraic character. I easily controlled this diarrhea with rhus aromatica. At this juncture septic infection became evident and the lungs were involved with a pneumonia of quite pronounced severity. I then began administering ten-drop doses of Echafolta. This had the effect of mitigating the symptoms considerably, and in a few days his condition was so much improved that I stopped the remedy, and then the symptoms became greatly aggravated. I again resumed the Echafolta, when a complete change for the better took place, but it was followed by another profuse diarrhea and I discontinued the Echafolta and again controlled the diarrhea with rhus aromatica. At this stage of the disease (third week) circumscribed, inflammatory swellings appeared on various parts of the body. These were sluggish, and, at first, quite painful, but soon developed into abscesses and would break spontaneously, discharging a sanious and offensive pus. The abscesses continued throughout the course of the disease (ten weeks) and numbered at no time less than six, appearing chiefly near the joints, on the neck, in the groin, on the back and one on the scalp. Feeling convinced at the time that Echafolta was the only remedy administered that seemed to hold the disease in check, I put him on ten-drop doses every three hours and kept him on it until complete recovery took place. From what I observed in this case I believe that the boy could not have lived without the remedy, for whenever it was discontinued he became alarmingly worse, and whenever it was resumed, his condition became better so promptly that I could attribute it to no other cause. The boy to-day is strong and hearty and shows no ill effects of his serious illness."

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EDITORIAL FROM E. M. JOURNAL.

HERNIA, its Etiology, Strangulation, Treatment, and Radical Cure by Electro Cataphoric, Chemical, Hypodermic, and Surgical Methods. By Samuel H. Linn, M. D., Rochester, N. Y.

This booklet of thirty pages contains a good description of hernia and operative procedures, and especially refers to its cure by electrical measures. It does not give the author's methods, nor the drugs he uses. We presume that these secrets are his stock in trade.

W. E. B.

SAUNDERS' MEDICAL HAND-ATLASES. Atlas and Epitome of the Nervous System and its Diseases. By Dr. Chr. Jakob; 83 plates and copious text. Philadelphia: W. B. Saunders. Cloth, \$3.50. net.

In this Atlas the author has portrayed an instructive section of medicine which is usually extremely difficult of mastery by students and practitioners. This work will be of great value to the physician. The matter is divided into Anatomy, Pathology, and Description of the Nervous System. The plates illustrate these divisions most completely. There is probably no work in existence in which so much is compressed within so small a space. The book is comprehensive and practical.

L. W.

A DREAM OF EMPIRE: or, The House of Blennerhassett. By Wm. H. Venable, LL. D., author of a History of the United States, etc. 12mo, cloth, \$1.50. Dodd, Mead & Co., publishers, New York.

The reader follows Aaron Burr on his trip down the Ohio river, in the course of which he seeks out Harman Blennerhassett, and enlists him in his political enterprise of founding an empire in the Southwest. Chester Arlington, a companion of Burr on his southern trip, falls deeply in love with Evaleen Hale, Mrs. Blennerhassett's most intimate friend, but this wand of true love for a long time follows the traditional course. An abduction and a timely rescue by Arlington, however, go far toward setting matters straight. The volume should should prove of the utmost interest both for the novel reader and the historian.

ETIDORHPA. By John Uri Lloyd, author of "Stringtown on the Pike," "Warwick of the Knobs," etc. 11th edition, revised and printed from new plates. Illustrated, 12mo, 375 pp. Cloth, postpaid, \$1.50. For sale by The Scudder Brothers Co., Cincinnati, O.

Etidorhpa, the strange story of a mysterious being and the account of a remarkable journey, was written by the author for his own amusement, and first issued as a privately printed book. It proved a revelation to those who knew him, for few imagined that this thinker, long trained to modern critical methods in the field of scientific research, was a profound student of psychology. It is a creation quite outside of ordinary fiction. Even as a novel it is unique. If, as some hold, it contains more truth than fiction, its truths are of a kind not credited by the majority; if it is a romance pure and simple, it evinces a re-

markably vivid imagination on the part of the author. It became so much in demand that it was reprinted at a high price, and in that form has passed through ten editions. It is now for the first time published in popular form, and the author has taken the opportunity to revise the book from beginning to end, and has restored several chapters which were omitted when it was first printed. The success of "Stringtown," Mr. Lloyd's recent novel, should attract renewed attention to Etidorhpa.

SAUNDERS' MEDICAL HAND-ATLASSES. Atlas and Epitome of Ophthalmoscopy and Ophthalmoscopic Diagnosis. By Prof. O. Haab. From the third enlarged and revised German edition. Edited by Geo. E. DeSchweinitz, M.D. With 152 colored lithographic illustrations and 85 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Price \$3.00 net.

This is another of the deservedly popular atlases issued by these enterprising medical publishers. The author's idea of giving several ophthalmoscopic pictures of the same fundus disease, places the characteristic appearances within the reach of those who do not have the advantages of extensive clinical material. For the beginner in this line of work, the book is especially valuable, as the various stages of progressive fundus diseases are so fully portrayed that it is almost equal to an actual case.

The text is well and clearly written; the artistic portion all that could be desired, and the entire volume a handy and satisfactory work to handle. Every one using the ophthalmoscope, whether little or much, will find use for the book, and the moderate price, as compared with the majority of such works, places it within the reach of all.

K. O. F.

A REFERENCE HANDBOOK of the Medical Sciences, embracing the entire range of Scientific and Practical Medicine and allied sciences, by various writers. A new edition completely revised and re written. Edited by Albert H. Buck, M. D. Vol. II. Illustrated by numerous chromo-lithographs and 765 half tone and wood engravings. By subscription only. Cloth, \$7.00 per volume. William Wood & Co., New York.

Volume II of this great work, with its more than eight hundred pages, confirms all the good things said of the work, on the appearance of the first volume. This volume is even more profusely illustrated than volume I, there being 265 more half-tones and wood engravings, than the former, while the chromo lithographs are works of art, and add, not only beauty, but increased value to the work. There are four articles, the blood, the brain, camp diseases and carcinoma, each of which is worth the price of the volume. The busy doctor, desiring to look up the histology of the blood, either normal or pathological, will find in this article, just what he needs, while the article on the brain embracing over three hundred pages and beautifully and

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profusely illustrated, will be an authority on matters relating to the brain, whether anatomical, physiological or pathological.

The article on camp diseases is one of great interest, with the recent occurrence of bubonic plague in the Philippine and Hawaiian Islands, this disease assumes an interest and importance to American physicians never before known. The article considers not only this but the many other diseases incident to camp life. It is replete with statistics showing the frequency with which each disease appears and the number of its victims. The article on carcinoma gives the latest knowledge on this dread lesion. The volume abounds in good things and the physician who secures this work has a library in itself.

R. L. T.

OPPENHEIMER'S TEXT-BOOK ON NERVOUS DISEASES.—On page 340 of our June issue, the price of this work was erroneously stated at \$2.00, which should have read \$5.00. The book is published by the J. B. Lippincott Co., Philadelphia.

We have received a reprint from the Charlotte Medical Journal on the Hospitals of Japan, by the editor, Dr. Register. Dr. Register has been traveling over the Orient, and this reprint gives some of his experiences.

COLLEGE AND SOCIETY NOTICES.

The twenty-eighth Annual Meeting of the Eclectic Medical Society of the State of New Jersey was held in Essenic Hall, Newark, N. J., May 29, 1901. In the absence of the President, Dr. D. B. Borden, who was ill, Prof. Alexander Wilder presided.

Dr. F. B. Harris, of Canton, and Dr. L. A. Willis, of Jersey City, were admitted to membership, and elected as delegates to the National.

Prof. Wilder's paper on the Systems of Cure and Legislation proved to be the star production of the day, and was warmly received. The trend of the Professor's argument would indicate that it is less crime to kill than to cure.

Dr. Mary A. Willis presented a paper on the unique subject, "For Little Bare Feet," which will be interesting reading when in print.

Dr. G. E. Potter presented his "Ten Commandments for the Nurse in the Sick Chamber," and also a paper entitled "Historical Sketch of Eclecticism in New York."

Dr. Harris suggested for discussion the subject of the cumulative action of drugs, and Prof. Wilder finally said, "I don't believe in the cumulative action of drugs, but claim that the excess of acid in the stomach retards the action of the drug until such time as it is set free, and then acts as a poison."

Dr. N. R. Martin reported two cases occurring in his practice: one simulating cerebro-spinal meningitis, the other pneumonia, but both

were due to worms in the intestinal canal. Dr. Potter sustained the fact of similitude of cerebro-spinal meningitis, pneumonia, and inflammation of bowels combined, in the case of a child of three years of age, and which recovered rapidly upon removal of worms.

Dr. Lillian A. Willis reported a case of aconite poisoning due to applying the drug in chloroform to the face for relief of toothache. Such cases only tend to make a true Eclectic all the more a specific medicationist.

The following officers were elected for the ensuing year: President, D. B. Borden, Paterson; Secretary, G. E. Potter, Newark, N. J.

P. S. The Secretary has tried to reach and is desirous of communicating with every Eclectic physician in the State, and any information leading to arresting the attention of any who are not already known, will be greatly appreciated. G. E. POTTER, Sec.

The seventh annual meeting of the New England Eclectic Medical Association was held at the State House, in Montpelier, June 4, 5 and 6, 1901. Since its meeting in Portland, Me., in 1898, the Association has steadily grown in membership and influence until to-day it takes a high rank among similar organizations in the United States.

The meeting was held in conjunction with that of the Vermont Eclectic Medical Association, separate sessions for the transaction of business alone being held by each organization. Maine, as usual, sent a full delegation and every state except Rhode Island was represented. Among distinguished physicians from other States may be named Alexander Wilder, M. D., of Newark, N. J., who has been aptly styled "The scholar of Eclecticism." Graduating in medicine more than half a century ago, Dr. Wilder has spent a large part of his life in literary pursuits and the teaching of liberal medicine. His *History of Medicine*, a volume of nearly 1,000 pages, is just issued. The time was fully occupied with business and reading of essays, reporting cases, discussions, clinical work, etc. The essays and addresses at the various sessions were very interesting and highly instructive.

The officers for the ensuing year, elected on the closing day of the convention, are as follows:

President, Wilbur F. Templeton, M. D., Glover, Vt.; 1st Vice President, Percy L. Templeton, M. D.; 2d Vice President, Frank W. Snell, M. D., Dennysville, Me.; 3d Vice President, Edwin M. Ripley, M. D., Unionville, Conn.; Rec. Secretary, Wm. C. Hatch, M. D., New Sharon, Me.; Ass't. Rec. Secretary, Alfred H. Flower, M. D., Boston, Mass.; Treasurer, Algernon Fossett, M. D., Portland, Me.; Librarian, Herschel N. Waite, M. D., Johnson, Vt.; Cor. Secretary, Geo. A. Faber, M. D., Waterbury, Conn.

Seven new members were received and the Association is now out of debt with a sung little surplus in its treasury. The next annual meeting will be held in Hartford, Conn.

WM. C. HATCH, Rec. Secretary.

A very successful meeting of the South California Eclectic Medical Association was held at Los Angeles June 11th. The following officers were elected for the ensuing year. President, L. A. Perce, Long Beach; Vice President, H. S. Turner, Pomona; Rec. Secretary, M. B. Balton, San Pedro; Cor. Secretary, A. D. Conrad, Los Angeles; Treasurer, J. A. Munk, Los Angeles; Drs. L. A. Perce and G. G. Gere have been recommended to the Governor of California for appointment as the Eclectic members on the new State Medical Board.

PERSONALS.

Dr. P. D. Bixel, E. M. I., '01, has settled at Bluffton, O.

Dr. C. R. Hunt, E. M. I., '82, sends us greetings from McFall, Mo.

Dr. F. E. Seal, E. M. I., '82, is doing nicely at Mt. Carmel, Ind.

Dr. F. M. Dickason, E. M. I., '99, is well and doing well at Petroleum, Ind.

Dr. J. E. Simpson, Bennett, '01, is now located, and is pleased with his practice at Quincy, Ind.

Dr. J. W. Huckins, Cal. Med. Coll., '86, has removed from Vallejo, to Monticello, Cal.

Dr. A. W. Vincent, Bennett, '71, continues to do a big business at Valparaiso, Ind.

Dr. C. P. Hockett, Ind. Ec. Med. Coll., '92, is doing nicely at Kouts, Ind.

Dr. A. S. Ross, Barnes' Med. Coll., '96, sends us pleasant greetings from Sabetha, Kan.

Dr. Chas. H. McCully, E. M. I., '93, formerly at Burnetts Creek, Ind., is now located at 409½ Market St., Logansport, Ind.

Dr. C. J. Cooper, E. M. I., 1902, is now practicing at McGregor Texas. He had no trouble passing the examining board.

Dr. W. L. Stephens, E. M. I., '01, is located at Black Diamond, Cali., a town of 1500.

Dr. R. C. Van Buren, E. M. I. '01, has located at Carey, Ohio, and is doing well. He is preparing a student to enter College this coming fall.

Dr. W. E. McGrew, E. M. I., '86, of Pittsburg, Pa., will soon take his vacation at his LeCheneaux Cottage, near Mackinac. He will have a good time.

Dr. A. G. Clyne, Med. Dept. Cent. Univ., Louisville, '89, is at Bethel, Ark. He raises high class horses, high grade cattle, bronze turkeys, Pekin ducks and fine fowls of all kinds.

We see in the Taunton, Mass., *Evening Herald*, May 3, that our old friend Dr. F. W. Abbott, of that city, is a prominent Pythian, and that at a recent banquet given by the order he was in one of his happiest moods.

Dr. Clifford J. Baldridge, E. M. I., '99, is happily located at No. 1011 Cass Ave., St. Louis, Mo. He paid us a call recently when on a visit to his home in Covington, Ky. He is doing very nicely in business.

Reports indicate that the class of 1901, E. M. I., are taking Prof. Locke's advise all right; all right, any how. Three are married, Drs. Van Buren, Conrad and Reiff. There is nothing like having good counsel in bad cases—and on bad days, and a cheery, chirrupy wife can give it, quite well at times.

Dr. E. H. Mercer, E. M. I., '01, is now located at Grand Rapids, Ohio, on the Maumee River near Toledo. His prospects for a good practice are very encouraging. Since graduating he has taken the advise of Prof. Locke and married.

We are glad to note that Norval Kahle, one of our next year's junior students, has successfully passed the West Virginia Board, and is practicing now at Sedalia, W. Va.

We are very glad to note that the Governor of the State of Kansas has appointed Dr. E. B. Packer, E. M. I. '84, of Osage City, Kansas, to represent Eclectics on the newly organized State Medical Board of registration. Further information in regard to the new law will be given in another issue of this Journal.

PRACTICE AND PROPERTY FOR SALE.—A good practice of \$4000 a year in a town of 1400, surrounded by a rich farming community. Two railroads, electric and water plant in town. Reasons for selling, desire to locate in city, and limit to office practice. For particulars address W. A. Oyler, M. D., Argos, Ind.

FOR SALE.—Nine-room house, large barn, population of town 1500, location central Ohio. Practice established 24 years \$2300 to \$3000 per year, collections 90 per cent. For full particulars address Dr. B., care of Eclectic Medical Journal.

Any physician desiring a No. 1 Eclectic location would do well to address A. C. MUSGRAVE, M. D., Ohio City, Ohio.

MARRIED, at Hoagland, Ind., June 20th, E. Elmer Morris, E. M. I. '92, and Miss Addie Smith, daughter of Dr. J. L. Smith. At home Race and Liberty sts., Cin. O. July 10th.

DIED, at his home—Elleworth, Ark., Wednesday June 12th, in the 61st year of his age—David R. Leister, M. D.

Dr. Leister graduated from the Eclectic Medical Institute in 1875.

READING NOTICES.

The Chicago branch of Wm. R. Warner & Company has removed to the Warner Building, 47 Franklin street Chicago. This is a new building especially designed for the growing western trade, and where large stock will be carried.

AUTOMATIC SAFETY-VALVE STOPPER—A device preventing the bursting of peroxide of hydrogen bottles. The great trouble with peroxide preparations is that if the containers are tightly corked, the oxygen which separates and is set free, slowly but constantly as time passes, accumulates, until the bottles can no longer stand the pressure and burst, or the corks are driven out.

In order to prevent these difficulties and especially to obviate the bursting of the bottles containing hydrozone, Mr. Marchand, the manufacturer of that article and other well-known brands of peroxide of hydrogen, has devised an ingenious stopper which he calls the "automatic safety valve rubber cork."

The material of the stopper is vulcanized rubber. The beveled end is punctured through in such a manner that when the pressure in the bottle rises above 5 to 8 pounds to the square inch (according to the thickness of the rubber at the bottom, which may vary slightly), the excess of free oxygen finds free egress and thus relieves the tension.

In various forms of neurosis I have found Peacock's Bromides invaluable as an all-round agency of alleviation and cure. They have never disappointed me. In obstinate cases of epilepsy, where the treatment is necessarily protracted, I find them particularly useful in that their administration is not followed by the too common symptoms of bromism. And I would specially urge their utility in instances of delirium following alcoholic excesses.

Anything that conserves the vital forces, that does not depress any organ, as for example, the cardiac center, anything that gives the rest of normal sleep when repair is greater than waste, anything that tends to restore the nervous equilibrium, soothing the exciting centers, whatever and wherever they may be, must benefit the entire organism when each separate organ, then, of course, will receive its needful quota of help. And since local treatment is out of the question, I cannot conceive of better procedure, or one more infallible to the successful management of hysterical cases.

J. S. MURPHY, M. D. Sullivan, Ind.

Every function of the body is controlled by the nervous system; hence, just to the extent of the nerve lesion will there be a depression of the vital forces. The experience of the profession proves that one of the best possible remedies for this condition is Celerina, in teaspoonful doses four or five times a day. No one, after an intelligent use of Celerina, will deny its power to give renewed energy to the whole nervous system.

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J. H. LAWRENCE, M. D. Smithfield, Va.

ETIDORHPA

By JOHN URI LLOYD

Author of "STRINGTOWN ON THE PIKE"
"WARWICK OF THE KNOBS," Etc.



"ETIDORHPA"



THE strange history of a mysterious being and the account of a remarkable journey, was written by the author for his own amusement and first issued as a privately printed book. It proved a revelation to those who knew him, for few imagined that this thinker, long trained to modern critical methods in the field of scientific research, was a profound student of psychology. It is a creation quite outside of ordinary fiction. Even as a novel it is unique. If, as some hold, it contains more truth than fiction, its truths are of a kind not credited by the majority; if it is romance pure and simple, it evinces a remarkably vivid imagination on the part of the author. It became so much in demand that it was reprinted at a high price, and in that form has passed through ten editions. It is now for the first time published in popular form, and the author has taken the opportunity to revise the book from beginning to end, and has restored several chapters which were omitted when it was first printed. The success of "Stringtown," Mr. Lloyd's recent novel, should attract renewed attention to "Etidorhpa."



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MANAGING EDITOR.

Assisted by the Faculty of the Eclectic Medical Institute

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No. 8.

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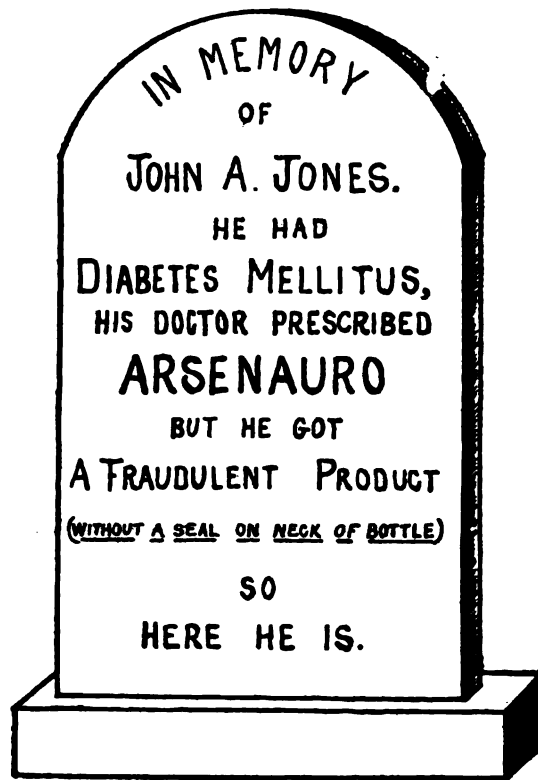
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VOL. LXI.

CINCINNATI, AUGUST, 1901.

No. 8.

ORIGINAL COMMUNICATIONS.

DIPHTHERIA.

By W. N. Mundy, M. D., Forest, O.

DIPHTHERIA is an acute, specific, contagious disease; its peculiar local characteristics being a fibrinous exudate or membrane upon the mucous surfaces affected. Its systemic manifestations are, an irregular fever, prostration, cardiac depression, anemia, and frequently albuminuria.

The local and general conditions vary considerably in degree and severity. Diphtheria is without doubt one of the most dreaded, most fatal and at the same time one of the most common diseases of childhood. It is not by any means a disease of modern times, medical history proving that it was known to the ancients. Epidemics occurred in this country in the seventeenth and eighteenth centuries, and since 1850 it has received considerable attention from American writers, as the literature clearly proves.

Etiology.—Diphtheria occurs epidermically, endermically, and sporadically. In most of the large cities it has become endemic, becoming epidemic at certain seasons of the year. No fact seems better established than that diphtheria does not arise *de novo*; direct infection being the cause in the great majority of cases; the specific poison being received in or upon some part of the system, either by breathing the air surrounding the patient, by direct contact with the discharges from the nose or throat of those suffering from the disease, or by means of some intermediary object, as toys, books, clothing, drinking utensils, or instruments. It is well established that the virus clings tenaciously for a long time upon objects with which it may come in contact. This fact is what often renders the tracing of contagion so

extremely difficult. Although contracted by contact, unhygienic conditions, by lowering the vitality, increase the susceptibility. Epidemic outbreaks have had a close relationship with decomposing organic matter, bad drainage, sewage, and damp, illy-ventilated apartments. Hence we look upon the cause of diphtheria as being undoubtedly a specific animal poison, though how propagated or generated we are unable to say.

Among predisposing causes age is the most important. It is essentially a disease of childhood, the most cases occurring between the second and seventh year, diminishing rapidly after the tenth year. The larger number of deaths occur between the second and fifth year. It seems uncommon in the first half year of life, although cases are recorded. We have met with them, one fatal case occurring in a babe four weeks old, during the prevalence of a severe epidemic.

Both sexes are equally liable. Especially predisposing causes are, unhealthy conditions of the mucous membranes of the nose and throat, such as chronic naso-pharyngeal catarrh, enlarged tonsils and adenoids.

Whilst it prevails at all seasons of the year, it is most prevalent during the winter and spring. Its period of incubation is from two days to a week. Recent medical literature classifies it as a microbic disease, it seemingly being well established that the Klebs-Loeffler bacillus is the specific germ; that by their growth and multiplication at the seat of the local lesion, they develop certain organic substances termed toxins, which are absorbed in the circulation, and by their action produce constitutional symptoms and remote effects more characteristic of the disease than the local lesion.

Pathology.—We have already intimated that the disease is constitutional as well as local. We have seen severe constitutional symptoms when the local lesion was very mild, or not even manifest. However, the chief pathologic feature of diphtheria is the fibrinous exudate or membrane upon the mucous membrane. Its usual seat is the tonsils; in severer cases it spreads to the uvula, pillars of the fauces, soft palate, posterior nares, lateral walls of the pharynx, larynx, trachea, and bronchii, according to the severity of the attack. It varies in color from a grayish white to a dirty green, or in very severe cases nearly black.

The lesion is an acute degenerative change in the epithelial cells of the affected mucous membrane, muscular, glandular, or nervous systems. The membrane consists of fibrin, epithelial cells, pus cells, granular matter, and mucus. This degenerative change in the cells is accompanied by a proliferation and infiltration in and upon the mucous membrane, changes in the cell substances which result in the formation of necrotic substances and cell death. In the milder cases the epithelial layer of the mucous membrane is simply replaced by this necrotic process, but in the severer cases, the fibrinous membrane infiltrates all the layers of the mucosa, which undergoes necrosis more

or less complete. A forcible detachment of the membrane is followed by bleeding and its rapid reformation. It is reformed from beneath, and is separated in masses or gradually by an exudation beneath it. The separation, except in the gangrenous cases, leaves the mucous membrane completely restored. The tissues surrounding the exudate are hyperemic, more or less oedematous, and the seat of a mucopurulent secretion.

The changes in the viscera are similar to that described as taking place in the mucous membrane. In the heart, the muscular structure and nervous mechanism seem to suffer most. Among the changes found are myocarditis, occasionally pericarditis and fatty degeneration of its muscles. The spleen is swollen and softened. Hemorrhages beneath its capsule. Liver may be much enlarged. Hemorrhages are also seen upon its surface and within its substance. There may be fatty degeneration. The lymphatic glands of the neck are swollen, but rarely suppurate. In the kidneys there is a degeneration of the epithelium of the tubes and glomeruli, and in severe cases an acute exudative or diffuse nephritis. In nearly all cases the kidneys are involved. The changes in the peripheral nerves is one of the characteristic effects of diphtheria. The paralysis is not due to a central lesion, but to a peripheral neuritis. There is here also a degenerative change, either interstitial or parenchymatous. The degeneration stops, regeneration begins, and usually results in a complete restoration of the nerve fibers. The blood is dark, its coagulability diminished, the red corpuscles diminished, the white increased.

Symptoms.—The clinical picture of diphtheria is one presenting a wide range of symptoms, due in part to the location of the trouble, the severity of the attack and the complications. It has been customary to divide the disease into the mild or tonsillar form and the malignant. Other subdivisions may be made in accordance with the location of the exudate; but as they are simply due to the extension of the membrane, the classification adopted will suffice for all practical purposes.

The incubation period varies from two to ten or twelve days. In violent epidemics it may be shortened materially, in some instances to only one or two days. The symptoms of the forming stage are similar to those of fevers and inflammations generally. For a day or two, sometimes for a week, the patient is listless and languid, does not play with the usual zest, is fretful at times, does not sleep well, especially at night, drinks frequently, and has a variable appetite.

Following this is a slight chill, lasting one or two hours; not unfrequently it is so light that it is not noticed by the parents. Following this, febrile reaction comes up slowly, and varies greatly in different cases. In some the fever is acute, and is a marked feature of the disease. In others the symptoms of fever are but slight, an accelerated soft pulse, arrested secretion from the skin, kidneys, and bowels, and an increased temperature of the body, as marked by the thermometer,

though it is not so perceptible to the hand, and there is aching and pains in the head, back and limbs. In severe cases the onset may be abrupt, vomiting, headache, chilly sensations and a temperature of 103° or 104° F. The patient complains or shows signs of sore throat at the commencement of the disease. There is difficulty and pain in deglutition, and the patient swallows frequently to moisten the throat.

Though the temperature is at first elevated, it forms no guide either as to the severity, progress or the result of the trouble. Many of the worst cases do not have a temperature above 101° F., at any time. We have frequently seen fatal results, when the temperature was normal. The cervical lymphatic glands are swollen and an examination of the throat shows the tonsils swollen, reddened, and the fauces presenting the usual appearances of a catarrhal inflammation. Upon one or both tonsils, usually one, will be found the exudation, gray or ashen-gray in color. From this patch the exudation spreads to the pillars of the fauces, uvula and soft palate. This exudation varies somewhat in color and appearance with the stage, severity of the attack and the degree of toxæmia. It is at first of a grayish color. There may be considerable moisture, when it will be dull in color, and in cases attended with a high temperature, say 103° or 104°, it seems as dry as parchment and of a pearly gray color, whilst the surrounding tissues are of a deep red color. In septic cases, it may be rough and ragged, attended with considerable odor, a heavily coated tongue, changing as the disease progresses to a purplish or even black hue and attended with hemorrhages.

The constitutional symptoms are usually slight, if the membrane be confined to the tonsils. Unfortunately this is not the rule. The swelling increases, the uvula and soft palate become cedematous; the former so much so that it touches the tonsils upon either side. The membrane by the third or fourth day will cover the tonsils, pillars of the fauces, uvula and at times even the posterior wall of the pharynx. When it does, it is styled "Pharyngeal Diphtheria". Deglutition is now almost impossible and the respiration difficult and labored. The temperature will vary from 101° to 103°, whilst the pulse is very rapid and weak, being out of proportion to the temperature. This rapid, weak pulse we have come to regard as characteristic of diphtheria. Should the disease pursue a favorable course, the membrane separates, so that in eight or ten days the throat will be clear. With the gradual disappearance of the deposit, there is a corresponding improvement of the constitutional symptoms. It should be remembered, however, that the disappearance of the deposit, does not always assure recovery by any means. Many complications may yet ensue, that will terminate fatally.

In the malignant cases, the onset, as has been previously noted, may be abrupt or insidious. The deposit spreads from the tonsils to the fauces, uvula, palate and pharynx. It may now extend upward into the nares, causing what is known as nasal diphtheria. There

is a discharge of serum and mucus from the nostrils tinged with blood. The obstruction of the nostrils, due to the swelling and deposit, renders breathing so difficult, that the mouth is kept open and the breathing becomes noisy. The tongue as a consequence becomes dry, the lips fissured and bleed easily. The discharge also excoriates the upper lip and it becomes sore. The odor from the throat and nose is exceedingly offensive. Swallowing is difficult and fluids are regurgitated through the nose. In these instances of nasal diphtheria, the parotid and lymphatic glands of the neck swell rapidly and attain considerable size. The constitutional symptoms advance steadily with the extension of the membrane. The system seems overwhelmed with the attendant toxæmia. The face is pale, anæmic, due to the destruction of the red corpuscles. There is great muscular weakness and prostration. The pulse is feeble and rapid, 120 to 150. There is mental dullness, apathy and stupor. The latter symptoms apply to what is styled the septic form. As a rule the general symptoms bear no definite ratio to the severity of the local disease.

When the membrane extends downward to the larynx, it does so usually within the first week. We then have what is styled "laryngeal diphtheria". It begins as a rule gradually, with a hoarse cough and voice, and some roughness in respiration. The course then presents all the symptoms of croup, the whistling respiration, croupal cough, loss of voice, and gradually increasing difficulty of breathing, supra-sternal and infra-sternal recessions, restlessness and cyanosis.

The most frequent complications and sequelæ of diphtheria are broncho-pneumonia, albuminuria, myocarditis and paralysis. Broncho-pneumonia is especially common in laryngeal cases in young children; it makes the prognosis quite grave.

Albuminuria is present in almost every case of moderate severity. It is rarely attended by dropsy or uræmia. When acute nephritis is present, in addition to the presence of albumen in the urine, dropsy and uræmia supervene.

Myocarditis is present in a greater or less degree in nearly all severe cases. Whether the sudden deaths from heart failure are due to the myocarditis, or to a neuritis of the cardiac nerves is not definitely determined. We have seen deaths when the membrane had entirely disappeared and convalescence seemed assured. Suddenly the child would be prostrated, extremely weak and anæmic, with complete anorexia. The heart sounds would become muffled and indistinct, the pulse irregular and weak and death result. In other instances death has come suddenly, while the child was partaking of nourishment.

No doubt the most frequent sequel, is post-diphtheritic paralysis, which is said to be a multiple neuritis. It usually affects the palate and uvula interfering with speech and the swallowing of fluids. If the pharyngeal muscles be involved, there will be difficulty in deglutition. It may affect the extremities, or be so general as to render the

patient entirely helpless. It may follow cases so mild, that the aid of a physician was not called for the throat affection. Fortunately, the patient usually recovers from post-diphtheritic paralysis. Only in one instance, have we seen death result, and in that case, the muscles of respiration were affected.

Diagnosis.—The diagnosis is based upon the local and constitutional symptoms. The local evidence is the exudation; which is a definite patch situated upon a deeply congested area of the mucous membrane, usually at first the tonsil. From this patch it spreads to the fauces, larynx or nares. The constitutional evidences are the fast feeble pulse, marked anæmia, progressive asthenia and toxæmia. Rapid enlargement of the cervical glands. Albumen early in the urine and post-diphtheritic paralysis.

Prognosis.—There is probably no disease in which it is more difficult to foretell its outcome. There is none in which the unexpected more often occurs. We have seen the mildest suddenly develop a laryngitis. The factors to be considered in framing a prognosis are, the age, extent and rapidity of extension of the membrane and the amount of the septic infection. Diphtheria is very fatal in children under five years of age from laryngitis and broncho-pneumonia.

The unfavorable complications are laryngitis; a large amount and persistence of albumen in the urine; excessive nasal discharge; uræmia, and vomiting late in the disease. The import of the diphtheritic paralysis and myocarditis, we have previously mentioned.

Treatment.—No part of the treatment is of more importance, than is that which looks to the protection and welfare of the remainder of the family and of the vicinity. Prophylaxis therefore occupies the first place.

In fatal cases no public funeral should be allowed. All cases should be prohibited from mingling with other children at least two weeks after recovery. All undoubted cases should be quarantined and doubtful ones isolated until the diagnosis is assured. The patient should be isolated, if possible, in a well lighted and aired room as remote as possible from the balance of the family. In an upper room if possible. The room being previously prepared by the removal of all unnecessary furniture, curtains and clothing. Nothing being left, save that only which is necessary for the comfort of the child and nurse. The nurse should wear clothing that can be easily washed and should mingle as little as possible with the balance of the family. All utensils used for drinking or eating should be kept for the use of the patient only and should be frequently disinfected. The bed should be dressed daily as well as the patient's clothing; the bed clothing and clothing placed at once in a disinfecting solution and boiled. All clothes used for the reception of discharges burned. The patient, no matter how light the attack, ought to be placed in bed and strict quiet enjoined until convalescence is assured.

A sponge bath of hot soda water once or twice daily, when there is

a high fever, is a grateful adjunct. The diet should be one that is easily digested, but as nourishing as possible. If there be anorexia, the patient should be fed at stated intervals. Milk should be our main reliance. Meat juices, broths, can be added.

Diphtheria being a disease of the blood, the treatment will in all cases be general, with the addition of local treatment in severe throat complications. The prime objects being to sustain the strength of the patient, so as to enable him to combat the effects of the toxæmia, and to limit the production and extension of the exudation. Internally we prescribe our remedies for their direct effect. Those we find most frequently indicated are as follows :

Sp. aconite—this remedy is useful in the onset of the disease, owing to its influence upon the circulatory system. We follow the usual indications ; the small, sharp and frequent pulse, dry and hot skin, secretions suppressed. It is the remedy for the sthenic case.

Sp. belladonna—also useful in early stages. It is a remedy for congestion, stimulating the capillary circulation in the engorged parts. It is indicated by the dull eyes with dilated pupils ; mental dullness and inclination to stupor, pain in the throat and difficult deglutition. It may be used alone or in combination with the other indicated remedies.

Sp. baptisia—useful in septic cases, alone or in combination or alternation with the other remedies. Indications—dusky color of the face and mucous membranes, with typhoid symptoms, tongue dry and thin, offensive breath with brownish discharge from the nostrils.

Sp. echinacea—another remedy for sepsis. It is used both internally and locally. Its indications are, a tendency to gangrene or sloughing of the tissues, throat dark and full, tongue full, with dirty, dark brown coat, offensive odor of the breath, profuse acrid saliva, oppressed breathing, sepsis.

Sp. gelsemium—also useful in the early stages of the sthenic cases. Is indicated by the flushed face, bright eyes, contracted pupils, nervousness.

Iron, tr. ferri chloride—this is probably one of the oldest and most widely used remedies in diphtheria. It is given to maintain the strength by combatting the anæmia so frequently met. It has its indications as well as any other remedy. They are swollen and engorged mucous membrane, of a deep red color, red tongue, or in other words, the indications for an acid plus the anæmia.

Sp. phytolacca—this is the most frequently indicated remedy. The symptoms calling for it are, full tissues, mouth and throat sore, enlarged lymphatics. We may use it with the indicated sedative or in alternation.

Sp. pilocarpus—indicated by the suppression of the secretions, especially of the skin, elevated temperature, sharp, hard pulse, dry skin and mucous membrane, scanty high colored urine of low specific gravity. By increasing the secretions, it is said thus to loosen the

membrane and cause its exfoliation. It is a powerful depressant and we think ought to be used with extreme care. It is recommended in diphtheritic laryngitis.

Potassium bichrom—we use more particularly in those cases of a croupy nature, accompanied by difficult, wheezy breathing, and great depression. From one to two grains may be dissolved in half glass of water and to be given in teaspoonful doses every half hour or hour.

Potassium chlorate—cadaveric odor, mucus membrane bluish-white, tongue covered with a thick, dirty coating. Though so generally used in sore throats of all descriptions its use should be more restricted, as it is conclusively known to be a renal irritant, and is capable of doing much damage.

Sulphite of soda—we recognize the case by the pasty-white coat on the tongue, pallidity of mucus membranes, and a general atonic condition of the whole system. The dose will be three grains every two hours. It is useful in the so-called septic cases. We use it both locally and internally.

Sulphurous acid—if the tongue has a dirty coating, with pungent breath, and the excretions look as if fermented. We may use it as an acidulated drink, adding two or three drops to half a glass of water, and let the child drink at pleasure. We get a much better action from the acid in this way than we should if syrup were added. Of the sulphurous acid, dr. ss. to water $\bar{3}$ iv., and given in teaspoonful doses every two hours, will give marked benefit.

Stimulants—diphtheria being so depressant—are frequently called for. In fact in all cases of any severity. They are indicated by marked prostration, feeble pulse and weak first sound of the heart. We use either brandy or whiskey; administering quite freely.

Strychnia—also indicated by the weakness and prostration. We use it for a nerve stimulant in the cases of post-diphtheritic paralysis.

Locally a variety of substances has been and is used. We like a wash of boracic acid and use it for the mouth and nose. Peroxide of hydrogen, one to ten, has been used considerably of late years. It is said to be a solvent to the membranes. Echinacea and sodium sulphite we have used locally when the indications called for them.

When we have diphtheritic laryngitis our best success has been with the inhalation of a saturated solution of pepsin; using the steam atomizer and a tent. Lime water or a solution of papayotin can be used in the same way. When using any local application, whether gargles, inhalations, dry powders or swabs, force should always be avoided. Much more is lost in struggles incident to the application of a swab or brush than is gained by the application.

In diphtheritic laryngitis, when the means advocated fail, as shown by the signs of increasing stenosis, such as stridulous breathing, cyanosis etc., intubation or tracheotomy should be performed. As cleanliness is necessary, the nasal chambers should be irrigated and

kept clean ; for this nothing is better than a solution of bicarbonate of sodium.

The albuminuria should be treated by the indicated remedies, as well as should the consequent paralysis. In the treatment of the latter, electricity and massage should be systematically employed.

HOSPITALS OF PARIS.

By O. C. Welbourn, M. D., London, England.†

THE Assistance Publique annually expends nearly \$8,000,000 on its various benevolent institutions which assist about 467,000 persons each year. It controls twenty hospitals which provide an aggregate of upwards of 12,000 beds. Over 100,000 persons are admitted each year and the death rate varies from 10 to 15 per cent.

These hospitals are of course scattered all over the city, though an especial effort is made to make them convenient to the poor. Each one is surrounded by its garden and this in turn by a high stone wall so that externally one is about as good as another. But when we see the furnishings and appliances of these hospitals the variations are startling, and in each instance the visitor sees written everywhere and in no uncertain hand the theory and practice of the medical man in charge. One man strives for asepsis, a second strives for a great number of patients, while a third is indifferent to both ambitions and just lets things slide. Here, in a Paris hospital I have seen chloroform administered by means of a square of heavy cotton stuff folded to eight thicknesses, saturated with chloroform, laid over the nose and mouth and pressed firmly down by a pair of brawny hands. It was difficult to see how asphyxiation could be avoided even if no chloroform were used.

However, this seems to be the regular method at this particular hospital, for I have seen it done in this manner six consecutive times by as many different administrators. Greatly to the surprise of the respective administrators four of these cases suddenly developed a bad collapse with suspended respiration, lividity, etc. I can never forget my first experience of this kind.

The Professor who was busy arranging his instruments was the first to discover that the patient had ceased to breathe. Instantly came the sharp word of command. An interne sprang forward, grabbed a pair of double toothed uterine tenaculum forceps, hitched on to the patient's tongue and jerked it out of her throat with such force as to tear the end off. At a second trial the forceps tore out and a third trial was equally unsuccessful, but the interne did not lose heart. However, the patient was losing her tongue piecemeal, so the Professor took the task unto himself, relinquishing the artificial respiration act to another interne. This interne had to be relieved because he persisted in trying to make the patient breathe 60 or more times per minute, and it

† Formerly Long Beach, Cal.

was not until a fourth man was on trial that it was done with reasonable accuracy.

By and by there came a short gasp, a flush of color, and the patient was alive again. Great was the rejoicing and numerous the congratulations. Some minutes later an interne rushed in with a bag of oxygen under his arm and was surprised to see that he was too slow. In this case there had been no preparatory hypodermic medication nor was any in readiness for instant use.

Dilatation of the sphincter ani muscle is apparently unknown for such cases, as is also the use of the normal salt solution. Notwithstanding collapse is the rule, rather than the exception at this hospital, there is never any previous preparation for an emergency.

Having such hazardous results they naturally avoid giving a general anesthetic and resort to local anesthesia for even formidable operations.

Working continuously along this line they have evolved a radical method which produces surprising results and in a measure compensates for outrages done to the science of general anesthesia.

In this hospital one sees operations for appendicitis, artificial anus, radical cure of hernia, varicocele, etc. done under local anesthesia produced by injecting cocaine directly upon or into the nerve trunk supplying the part. The patient is perfectly conscious and feels very little if any pain, though there is frequently some nausea during and after the operation.

Generally speaking it is doubtful if this method is superior to general anesthesia, when scientifically induced, but every physician will readily recall cases in which it might have been used advantageously. I am reliably informed that it has not as yet been tried in England though it is of course probable that only a few have heard of it.

Possibly some of my readers had the pleasure of meeting the celebrated French surgeon, Dr. Pozzi, when he was in America eight years ago. His operating room in the Broca Hospital is a model of aseptic possibilities and it is a pleasure to see him work.

He frequently uses instruments of American design and manufacture and insists that his chloroform must be administered in accordance with the American idea.

Thus we see that Europe is learning from America as well as America from Europe.

TREATMENT OF DIPHTHERIA.

By J. G. Sutton, M. D., Rushsylvania, O.

SHALL we discard the old and adopt the new treatment for diphtheria? This question has come to most of us, and demands careful consideration and an honest answer. I wish to consider this question somewhat at length from the standpoint of my own experience with the old treatment. Be it understood that what I mean by

the old treatment is Eclectic treatment as used during the last fifteen to thirty years. I have never used the "antitoxin" treatment.

I am at this time (June 8, 1901) treating a case of diphtheria (and there will likely be others), and I don't know whether I will use antitoxin or not. I have in the past treated seventy-six cases. Lost five cases, or 6.57 per cent. of those treated. Directly I will name the remedies used, but will here state that they were all suggested by specific conditions—specific diagnosis. Sixty-four of the cases were white, of whom two died. The remaining twelve were blacks, with three deaths. You may doubt my diagnosis (however, I can substantiate my diagnosis by two able physicians) when I state that I believe the death of the two whites was not due to inefficiency of the medicines used, but rather in a sense due to accident. I will explain.

The first case, a girl of 13 years, was sick four or five days before I was called. (By the way, this was my first in a series of seventy-one cases.) Her temperature was above 104°, extremities cold, and the face considerably cyanotic; pupils dilated, and she was quite drowsy. Gave belladonna, baptisia, aconite, phytolacca; but of the treatment more later. Under treatment she rapidly improved, membranes cleaned off, tongue clean, temperature down to near normal, when chorea set in. From this she was nearly relieved, when she was told of the death of a loved grandmother. This greatly depressed her, and the same day, while sitting over the vessel to urinate, she suddenly died of heart failure. I should have directed that she should not be raised in a sitting posture, but in those days I didn't know enough.

The second case to die was a boy of nine years. He was apparently out of danger, when, being left alone in a cold room (this was in Feb. '92), he climbed out of bed, went across the room to get some trinkets to play with. He took a relapse from this exposure and died of diphtheritic croup twenty-four hours after. Would antitoxin have saved him? I don't know. Anyway I could not. In this case, proper nursing, the one thing lacking, would have prevented a funeral.

When I was called to see a patient suffering from diphtheria, I would examine and prescribe for it and also for the other children in the family. The well ones got about the same treatment, except in smaller doses and not so often. I had all to use cider vinegar as strong as they would take it and as often as they liked. If any one had a red tongue with a slightly brown coating, he was urged to use plenty of cider vinegar, and they usually liked it. By this method I never (except in one instance to be explained directly) had to treat a second severe case in any one family. All the deaths, except one, was the first case in any family where I was called. These results can mean nothing else than that the medicines, or at least some of them, were both curative and prophylactic. I think, however, from what we know of the specific action of the remedies used, that each and all aided in the modification and cure of the disease.

Although three of the blacks (25 per cent.) died, with better conditions for nursing, two of them, at least, should have lived. The first to die was a boy of ten years. In this case the disease, while severe, gradually gave way, and he seemed to be convalescent, membrane all gone, etc. I had ceased my visits, but a few days later was hastily called, a distance of seven miles, to see him. When I reached his bedside he was dead. I was told that he seemed well, and was carried out to the outhouse, and in a few moments after his return to the house, he suddenly died. I suspected heart failure.

The second black to die, a girl of 10 or 11, rebelled against the medicine, and the tender hearted (?) parents would not give it; so in about five days after taking down she died.

The third black was a boy of two and a half years. He deserved to have lived, as you will agree. I was called to his home, a miserable log cabin, in February, to see his sister, the babe less than one year old. Prescribed, and when I returned next day was told that the brother not yet sick insisted on taking a dose of medicine every time the baby sister did. This I at once approved. In a few days the mother was down with a severe case of the dread disease. Finally the babe and mother had so far recovered that I ceased my visits and sent medicine to the mother and boy, the latter not yet sick. Finally mother and babe recovered. About two weeks later I got word that the little boy was now down. The parents thought his trouble was so slight that they delayed for several days to come for medicine. He died, but deserved better things. This scourge occurred and lasted from early in February till about May 1st. Most of the families had from two to five children. Homes mostly small farm houses, weather cold and no attempt to isolate patients could be successfully carried out. They were all down stairs, and practically in the same room.

You should remember that I stated that there were no very severe cases and no deaths, except one, among those who took the prophylactic treatment. I will here name the principal remedies used. All the tinctures used were "specifics" prepared by Lloyd Brothers. I used specific aconite, phytolacca, baptisia, belladonna, veratrum,gelsemium, rhus tox., eupatorium pur., and podophyllin trit. 1 to 100—all as specifically indicated, without any regard to the name diphtheria. These were all used in small, frequent doses for the medicinal, not the physiological effect. No attempt was made in any case to force the fever down by heroic measures. I thus avoided in a great measure, asthenic cases, and that is a point worth remembering. In addition to the above I used, as indicated from time to time, chlorate pot. in small doses, tinct. ferri chloridum, gtt. xx to xxx in glycerin 3j; this was dropped on the tongue, five to ten drops every two hours, and swallowed. No water after any of the medicines for several minutes; this to allow full local effect. All the cases with red tongue and tendency to brown sordes on teeth and lips, got cider vinegar full strength or dilute to suit the taste. In several cases I believed this to

e the very best remedy. It kept the secretions acid or neutral, and thus destroyed the food supply of the bacilli, so that the little cusses could do nothing but die. Sometimes the best way to whip the enemy is to make a Sherman raid, destroy the food supply, and thus whip without actually killing. This service hard cider and cider vinegar will do in all cases where we have red tongue and dark sordes on the teeth and lips—I care not what the name of the disease.

The case with the sulphite of soda tongue (broad, pallid and pasty white coat) will not like the cider or vinegar, and don't get it when I prescribe. But the first named and most frequently seen case always likes the sour, and it will cure and never make your case worse.

Public sentiment, and possibly necessity, may sometimes induce me to use "antitoxin," but as yet I don't feel the need of it. If it is as safe as the above, and quicker, perhaps it should be used, but of that I am not yet convinced. If I ever have to contend again with diphtheritic croup, I would like to try it, for I don't think the treatment that I have used will cure many bad cases of it, perhaps none—question, does antitoxin do it?

Of the above named seventy-one cases, nine of them were 21 years of age and older, three were 30 and upward, the oldest about 35; two were men, white; seven were women, four white and three black; no adult black males had it.

NOTE.—The case spoken of which I was treating at the time I wrote the above is a girl aged 13. She was taken down with a severe form of diphtheria, Jan. 5, 1901. I visited her night and morning till the fifth day, at which time I could note considerable improvement. The case was asthenic from the start. The nares were badly involved, and some laryngeal trouble; voice only a whisper. The seventh day the room got too cold, and I was called at midnight. There were now well marked croupal symptoms, with entire loss of voice. If I could then have had antitoxin, she would have received a dose. I pushed specific aconite, phytolacca, and echinacea, with just enough lobelia to relax slightly. Kept the room warm, with vinegar on the stove; hot water to feet and legs—water in bottles.

Saw patient next morning; was a little better. Had she not been, I intended to telegraph for antitoxin. She recovered. My last visit was Jan. 24th. Her legs were partially paralyzed for some days, and the voice was not fully restored for five or six weeks.

My experience with echinacea and echafolta has been limited in diphtheria, as this is the first opportunity I have had to use the remedies in diphtheria since I became acquainted with the drug. I believe I got good results in this case by its use. I think its best action will be obtained in the very asthenic cases.

I must say that if my own child was down with diphtheria, it would take more nerve than I have got to cause me to lay aside the above named remedies, and substitute antitoxin alone. This paper is too long now, but I ought to say, in your diphtheria cases, be very care-

ful to keep the bowels acting enough to avoid accumulations. Children will swallow the secretions from the throat, and from the stomach and bowels the poison is taken into the blood. This must not be neglected. Antibilious physic was the magic remedy which turned the tide in the right direction for little six year old Charlie G. He who would treat diphtheria successfully must see the whole patient every day and not watch the throat only. Every danger has its signal in plain view for the one who knows how to look for it.

THE MEETING OF THE NATIONAL AT CHATTANOOGA, TENN.*

By J. K. Scudder, M. D., Cincinnati, O.

THE first day's session of the National Eclectic Medical Association convened June 18, at 10 o'clock, in the Auditorium, with President E. Lee Standlee, of St. Louis, in the chair.

The meeting was opened by President Standlee, after which prayer was delivered by Dr. Alonzo Monk, of Knoxville, Tenn. After prayer the address of welcome to the city was delivered by Hon. Joseph Wassman, mayor of the city. The response was delivered by Prof. John Uri Lloyd, of Cincinnati, a well known pharmacist and a writer of world-wide fame. The speech was an eloquent one, and was listened to with interest. He was vigorously applauded.

After which the Secretary, Dr. Pitts Edwin Howes, announced to the President that a quorum had been ascertained, after which the roll-call of officers showed all present.

The announcement of committees was then made, and their chairmen of the following committees found to be present: On Arrangements, J. Paul Harville, Nashville; on Location, J. Newton White, Queen City, Texas; on Medical Colleges, F. L. Wilmeth (appointed in the absence of Dr. Latta), Lincoln, Neb.; on Necrology, David Williams, of Columbus, O.; on Exhibits, Geo. M. Hite, of Nashville, (this committee reported the work in hand as being finished, and were excused from further service before the meeting); on Revision and By-laws, E. J. Farnum, Chicago; on Prize Essays, Geo. W. Boskowitz, of New York; on King Monument, John K. Scudder, of Cincinnati; to define Eclecticism as applied to Medicine, R. L. Thomas, of Cincinnati; on Badges, John K. Scudder, of Cincinnati; on Medical Legislation, J. H. Borland, of Franklin, Pa.

All of the members of the committee on Credentials being absent, the following gentlemen were appointed to serve: W. E. Bloyer, M. H. Logan, M. E. Daniels, E. Younkin, and W. E. Kinnett. The Auditing committee having been unable to attend this meeting, John Perrins and E. J. Farnum were appointed to take their place. The Press and Registration committee also being absent attending to other matters, F. Ellingwood, J. A. D. Hite, and H. H. Helbing were ap-

*We desire to give credit to the Chattanooga Times, from which part of this report is taken

pointed to serve in their places. F. L. Wilmeth was also appointed to serve in the place of Dr. Latta on the committee on Medical Colleges, and G. W. Boskowitz was also appointed on the same committee to fill the place made vacant by Dr. Bell. H. H. Brockman was appointed on the committee on Necrology.

Dr. Bloyer then made a point that it was not only the privilege of the members to examine the credentials of an applicant, but that it was their duty to do so.

The report of the Secretary, Pitts Edwin Howes, was then taken up and read. This report treated on the work of the Association for the past year, and the large gains made all over the country. He also asked for the assistance of the different State organizations to help build the Association up and give it a larger membership next year than it has ever had. This report was approved and adopted, and ordered printed in the minutes. The report of the Treasurer, W. T. Gemmill, was then read, and showed the finances of the Association to be in splendid condition, with a balance of over \$700,

The Corresponding Secretary then made his report.

The committee on Credentials then made their report, which favored the acceptance of applications from various physicians for membership in the Association. The report was received, and the names posted for election later.

The committee on Entertainment reported that on behalf of the local associations of Georgia and Tennessee, they had arranged to give the members a trip to Lookout Mountain at 3 o'clock, and at 6 in the evening a lunch would be served the members and visitors at the Point hotel.

Dr. Scudder, chairman of the committee on Badges, made his report, which was approved and adopted.

Dr. Williams, chairman of the committee on Necrology, asked the members of the Association to report to him all deaths that had occurred in their territory during the past year, so that these names might be recorded.

Dr. Robertson, chairman of the committee on Locations, asked for the names of suitable places in which physicians were needed that physicians might be supplied to these places.

The announcement of the meeting of the professors of the various Eclectic colleges called for 9 o'clock, P. M., was then made.

The annual address of the President, Dr. E. Lee Standlee, was then delivered. Dr. Standlee reviewed at length the discoveries in medicine and the wonderful progress of Eclecticism. During the address the President was frequently applauded by the members of the Association.

A most delightful luncheon was served at the Point hotel, after which they were taken on a tour of Lookout Mountain. On the return trip the party was halted at the inn, and a photograph of the entire party of 136 members taken while seated upon the terrace of the inn.

The party returned to the city at 9 o'clock, and all were highly pleased with the trip, especially the ladies.

The second day's session commenced at 9 o'clock A. M., with President Standlee in the chair. The meeting was opened with prayer by Rev. S. D. Logan, of the Cumberland Presbyterian Church. The reading of the minutes of the previous day's session was then taken up; they were adopted and ordered incorporated in the proceedings.

In the absence of Drs. Mundy and Miles, of the committee on Revision of the constitution and by-laws, Drs. J. K. Scudder, of Cincinnati, and G. W. Boskowitz, of New York, were appointed to serve in their places. Drs. J. V. Stevens, of Wisconsin, B. K. Jones, of Ohio, and J. R. Duvall, of Georgia, were appointed as a committee on general resolutions.

The annual meeting of the National Confederation of Eclectic Medical Colleges was announced to take place at 9 P. M.

A communication was then read by the committee on Colleges in regard to the right to accept applications for membership, and after some discussion of the same it was adopted.

A communication from the Minnesota State Association, applying for membership, was referred to the committee on Credentials.

The committee on Awards for prize essays recommended a change in the conditions on which the prize is to be competed for, and also to extend the time for the ending of the contest until the next meeting in 1902, which recommendation was approved and adopted.

PAPERS AND DISCUSSIONS.

Two of the most interesting papers on the subject of materia medica and therapeutics which were read and widely discussed were those by Dr. M. H. Logan, of San Francisco, on "The Spirit of Evil," treating on the use and abuse of mercury and its influences upon the human system, and the one by Dr. A. W. Vincent, of Valparaiso, Ind., on "Svapnia and Capsicum," treating of the use of these most valuable remedies in certain cases. Nine other papers were handed in and ordered incorporated in the proceedings of the meeting.

The reading of papers in section two, which treated of the practice of medicine direct, was taken up. This section was presided over by Dr. J. D. McCann, as chairman, and Miss Dr. Ethel Richardson, of Quincy, Ill., as Secretary. The first paper in this section was read by Dr. A. W. Vincent, of Valparaiso, Ind., on "Appendicitis," and was a most interesting one, and one which called for a great deal of discussion and comment. Another paper of much interest, and one that was widely discussed, was one by Dr. George W. Holmes, of Sharpes, Fla., on "Erythromelalgia," and was the means of affording much light on this little known and understood disease. A paper was read by Dr. W. P. Best, of Indianapolis, on "Spinal Irritation," but on account of the nearness to closing time, this paper was not so widely discussed as it would have been had it been delivered earlier; but it proved to be a most interesting paper on an interesting subject,

and one that frequently comes before the notice of the physician. Another very interesting paper was one read by Dr. J. D. McCann, of Monticello, Ind., on "The Man and the Remedy," and touched upon a subject that is one of continual interest to the medical profession. There were eight other papers in this section, but they were not read, having been ordered incorporated in the proceedings.

COMMITTEE ON CLINICS.

The president announced the appointment of Drs. W. E. Bloyer, H. K. Whitford, L. E. Russell, L. S. Downs and David Williams as a committee on clinics to examine a man who had been a sufferer for some time with a peculiar ailment and who had offered himself as a subject, hoping thereby to gain some knowledge of his trouble.

The report of the entertainment committee was then read and Dr. J. Paul Harvill, chairman of this committee, reported that the local committees had arranged for a trip for the members and their friends to Chickamauga Park and return at 2 o'clock in the afternoon, returning to the city at 7 o'clock.

The announcement of the meeting of the committee on revision of the constitution and by-laws was then made for 8 o'clock in the evening.

SUNDRY REFRESHMENTS.

An announcement was then made that Dr. G. W. Holmes, of Sharps Fla., had brought with him a trunk full of Florida oranges and would distribute them among the members at the evening session, and Dr. Standlee also announced that some kind friend of the association had sent them a number of boxes containing mineral water from Missouri, but upon investigation, according to the doctors own admission, he had sampled the water and found it to be ginger ale, whereupon the delegate from Georgia wanted to know if it came from Milwaukee. The ale was placed on ice in a convenient place and the members invited to regale themselves freely, which they did.

TRIP TO CHICKAMAUGA.

At 2 o'clock in the afternoon the party left the city for Chickamauga Park and other points of interest in the city, where they spent the evening, returning to the city at 7 o'clock, after having had a most enjoyable time.

NIGHT SESSION.

The night session of the second day's meeting was opened by President Standlee at 9 o'clock, and the work of reading the papers incorporated in section three, on surgery, was begun with the reading of an extract from his paper on "Mesenteric Cyst," by Dr. E. Lee Standlee, of St. Louis, in which he treated of a case that came under his observation some time ago and which is still being treated, also giving his method of treatment.

After this the work in this section was discontinued to be taken up again next morning, and the report of the committee on revision of the constitution and by-laws was then taken up. In this report a large

number of important changes were recommended and read. They were then reread and voted upon singly, all of them being adopted with some amendments. A number of heated discussions were indulged in by several of the members. This committee consisted of Drs. Boskowitz, Farnum and Scudder. During the reading of the revision the question of allowing the secretary a salary was warmly debated, but upon a vote being taken the motion was lost.

The third day's session was opened June 20 at 9.30 a. m., with President E. Lee Standlee, of St. Louis, in the chair. Prayer was offered by Rev. Dr. Alonzo Monk, after which the reading of the minutes of the previous day's sessions was taken up and the minutes adopted.

The regular business session was then declared open and a report from the committee on exhibits was heard. This committee reported having received the sum of \$50 for exhibits in the space allotted them for that purpose.

The next order of business was then taken up and the committee on credentials recommended favorable action on the names reported by them for membership, which was carried and the supplemental list posted was elected to permanent membership.

The report of the King monument committee was read and adopted. The motion made at the meeting Wednesday to place the name of Dr. Stratford, a charter member of the association in Chicago, upon the exempt list was carried.

Section work was taken up and a number of papers called for in section ten on "Specific Medication." A large number of papers were handed in with the request that they be not read now, but incorporated in the printed proceedings, which request was granted. The first paper to be read in this section was one offered by Dr. (Miss) Eloise M. Foltz, of Perry, Iowa, on "*Crategus Oxyacantha*," and was a most interesting paper on the use of this tincture in obstinate case of heart trouble. This paper was thoroughly discussed by a number of the members, both pro and con.

Another paper in this section, and one that was of much interest, was read by Dr. Florence Tippet Duvall, of Atlanta, a prominent lady physician, on "Specific Medication in Gynecology," and was a most exhaustive treatise on this interesting subject. This paper was one of the most interesting and thoroughly discussed papers listened to during this meeting, and one that brought many congratulations from the physicians assembled.

A paper by Dr. W. E. Kinnett, of Yorkville, Ill., on "Specific Uses of *Pilocarpine*," was an interesting treatise on the use of this little understood and much used drug. The paper was discussed by several of the members and many excellent points brought out.

SECTION ON SURGERY.

The section in surgery, was then taken up, with Dr. J. R. Duvall, of Atlanta, as chairman, and Dr. L. S. Downs, of Galveston, as secre-

tary of the division. The paper by Dr. W. E. Boyer, on "Hernia," was the first to be taken up. It was at first proposed to have a symposium of Drs. Boyer, Holmes and Farnum present this subject from different standpoints, but the absence of these gentlemen on another committee did not permit of this, and Dr. Boyer took up the question from his view, illustrating the paper with models and drawings, and the question of the anatomy of hernia was most thoroughly dealt with.

ELECTORAL COLLEGE DELEGATES.

The delegates to the electoral college were then appointed and given time in which to make their report

While the electors were out the reading of papers in section three was again taken up, beginning with the paper by Dr. J. R. Spencer, of Cincinnati, on "Electro Surgery," which was an exhaustive treatise on electricity in surgery and the methods of using the same to the best advantage, and the effects to be obtained from its use. This paper was thoroughly discussed and a large amount of information pertaining to this manner of treatment was derived.

The work in section five on "Gynecology," was read by Dr. E. Lee Standlee, and was a most interesting paper, bringing out many points of value to the profession.

OFFICERS ELECTED.

The report of the electoral college was then received and recommended the election of the following officers to serve during the term 1901-2: President, G. W. Johnson, of San Antonio, Tex.; first vice-president, J. Paul Harvill, of Nashville, Ten.; second vice president H. H. Brockman, of Eldon, Mo.; third vice-president, Leonard Bailey, of Middletown, Conn.; rec. secretary, Finley Ellingwood, of Chicago, Ill.; corres. secretary, N. A. Graves, of Chicago, Ill.; treasurer, W. T. Gemmill, of Forest, Ohio, re-elected.

Next place of meeting, Milwaukee, Wis., third Tuesday in June, 1902. This report was received and a vote being taken, the above named were duly declared elected as officers for the National Eclectic Medical Association for the year of 1901 and 1902. A motion was then made to adjourn the meeting until 3 in the afternoon, which carried. The announcement of a symposium by Drs. Holmes, Boyer and Farnum in a surgical demonstration was then made for the afternoon session, and a meeting of the ladies of the convention was also announced for the afternoon.

The afternoon session was opened at 2 o'clock with the reading of a paper by Dr. E. J. Farnum on "Radical Treatment of Hernia," which was illustrated and discussed by the members.

Dr. J. R. Spencer, of Cincinnati, read a very interesting paper on "Nephritic Abscess," giving his experience in treating cases of this kind. This paper was widely discussed both pro and con and a great amount of information was gained from it.

One of the most exhaustive papers was the one read by Dr. George

W. Holmes, of Sharpes, Fla., on "Railroad Surgery," and one that caused much comment and discussion.

GYNECOLOGY.

Work in section five on gynecology was then taken up by Dr. John Perrins, of Boston, in a paper on "Diagnostic Symptoms of Uterine Tumors Which Justify Operative Interference." This paper was one of much interest to the profession, and was discussed for some time by the members.

Section 7 was then taken up a paper by Dr. E. G. Trowbridge, of Chicago, on "Strabismus" (cross-eyes) was read and listened to attentively. Dr. Trowbridge outlined his system of dealing with such cases with clearness. He spoke of the diseases which were the cause of this affection and their treatment. The paper was a most excellent one.

Another paper in the field of ophthalmology, laryngology and otology was one Dr. George W. Johnson, of San Antonio, Tex., on "Mastoiditis and Periostitis," which attracted a great deal of attention, but for which there was no time for discussion.

A large number of other papers were read by title and ordered incorporated in the general proceedings.

The report of the committee on Necrology was then heard and all the deaths reported in the past year was read, received and ordered printed in the journals of the association.

The committee to define eclecticism had no report to make and was continued until next year.

RESOLUTIONS ADOPTED.

The committee on resolutions then read their report, which recommended that a vote of thanks be tendered the Tennessee and Georgia State associations, the press in general and The Chattanooga Times in particular, the Chamber of Commerce, the mayor, the city of Chattanooga, Rev. Alonzo Monk and Rev. S. D. Logan, Dr. G. W. Holmes and the retiring officers for their generosity and kindness to the association. A special vote of thanks and \$100 in money was tendered Dr. Pitts Edwin Howes, of Boston, as a testimonial of their appreciation of his services in the past.

Dr. M. E. Daniel and J. K. Scudder were then appointed as a committee to introduced the newly elected officers, which was done, and the officers given the oath of office.

A committee of three physicians, with Dr. E. Lee Standlee, of St. Louis, as chairman, was appointed as a prospecting committee to the Louisiana Purchase Exposition to be held in St. Louis in 1903, to make their report at the next annual meeting to be held in Milwaukee. A motion was then made to adjourn the meeting until the third Tuesday in June, 1902, when the association will hold its session in Milwaukee. The motion was carried and the meeting finally adjourned.

WHY AM I NOT BETTER?

By John R. Fearn, M. D., Oakland, Cal.

THIS is a question that every surgeon is called upon to answer at some time in his career. Why, my doctor told me that if I had an operation I would become entirely well, but here I am worse than I was before. Take for instance a lacerated cervix; on inspection through a speculum it has apparently been perfectly repaired; then why do the reflex irritations still persist? There are perhaps two reasons for failure: either the work was not done properly, or some other part of the genital tract is at fault.

Every one with experience knows that when a cervix is torn nature immediately sets to work to repair the damage, so that when the case is presented the wound or gap is very much smaller than when first produced; so that simply freshening the edges as found will not be sufficient, for if the canal is well dilated so that a finger can be introduced and the neck palpated, it will be found to be hard and more or less nodular for some distance up from the present tear; and this hardened mass has been found to be the cause of all the trouble, for in it the delicate terminals of the sympathetic nervous system are imbedded and pinched, producing a continuous nervous strain with its various reflex nervous symptoms; and the operation, to be successful, must include the removal of this hardened plug.

Now I claim that when an operation of this kind is undertaken the entire external genitalia, urethra and rectum should be carefully examined, and every possible source of irritation removed.

It may be that the clitoris is bound down by an adherent band; this should be slit up and stitched to prevent recurrence. The labia minor should be short so as not to protrude between the labia major; the urethra should be smooth and not protruding. Any irritable caruncular mytiformis must be trimmed off and the wound closed with fine catgut sutures. Lastly the rectum must be freely dilated, and any pile pockets or papillæ removed.

If this work is all faithfully carried out, the results will be more than pleasing to both the patient and attendant, and the cases not relieved will become very few.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

PHLYCTENULAR CONJUNCTIVITIS.

The prevalence of this disease among the children of the poorer classes is very noticeable, and can not be ascribed in all cases to poor hygienic conditions alone. Digestive faults are almost invariably found, and the cause of such wrongs appears to be the indulgence in sweets. Pure cane sugar candies, unless used to excess, will not dis-

turb the digestive apparatus, but this can not be said of the cheap grades of candies sold in many stores.

Glucose, or corn sugar, is used in the manufacture of cheap candies, jellies, etc., which are sold at prices that prohibit the use of cane sugar even at the present prices. The flavoring used in the majority of these cheap products are artificial flavors, belonging to the ether series, and although supposed to be harmless in the small quantities required for flavoring purposes, they unquestionably are powerful aids in producing gastric disturbances.

Poor food undoubtedly has an influence, but the majority of these cases will get well when the use of sweets is stopped; and that this is a prime factor in the disease is shown by a very quick return of the conjunctival symptoms when the child is allowed to resume the use of the sweets. Fried foods, as usually prepared, are also an abomination, and should be eliminated from the diet list. The condition of the bowels is important in these cases, as the assimilative powers are below normal, and consequently the eliminative functions are interfered with.

Treatment.—Attention to diet will, in the majority of cases, result in recovery, but this may be hastened by proper local and constitutional measures. One of the most important agents in these cases—at least in my own practice—has been the administration of lime in some form, either lime water or the sulphite. Of course when other drugs are indicated they should be used, but lime will also be required in nearly every case.

Locally.—For cleansing the eye there has been nothing found superior to boric acid. A collyrium that has afforded relief most uniformly is, R—Morphine sulph. gr. j to ij, Lloyd's hydrastis fl. 3 π , solution boric acid q. s. fl. 3iv. Ft. col. Sig. Two drops in the eye every two or three hours. It is seldom beneficial to employ the mineral astringents, as sulphate of zinc or acetate of lead, the latter being especially objectionable on account of a tendency to form a precipitate in those cases where the corneal epithelium is affected. The use of cocaine in these cases is also detrimental, as the action of the drug on the corneal epithelium renders the corneal tissue much more susceptible to infection.

Relapses are to be expected, not only on account of the nature of the disease, but especially because it is difficult in many cases to control the diet.

THE USE AND ABUSE OF INSTRUMENTS IN THE EAR.

There appears to be an inherent cussedness in humanity which makes itself apparent in the unwarranted use of instruments in the canal of the ear. An innocent appearing instrument of torture and mischief is the aurilave, a diabolic contrivance with a scoop at one end and a sponge at the other. The ostensible object of this

abomination is to clean the canals of the ears of wax. The indirect object evidently is to make business for the aurist. The scoop will spread a thin layer of the natural secretion around the canal, which necessarily dries and forms a nidus for impaction. The sponge is an additional advantage, for in the efforts at cleanliness, this will push some of the cerumen back of the glands, and by pressure on the membrane, cause changes in the structure which will be permanent.

When a child, or any member of the family gets a foreign body in the ear, the most unwise course is to try and remove it with a hair pin, tweezers, or forceps. If the object is an animate body, the simple procedure of filling the aural canal with warm water, will usually cause the object to float out; especially if it is a small insect. If the object is a small pebble or button, no efforts should be made to remove it, if it will not fall out itself, by placing the patient with that side down. A syringe and warm water will usually suffice to remove the object, but when overzealous persons attempt to use the instruments already described, the object will be pushed so far back in the canal that the physician will have difficulty in removing it, not infrequently a severe surgical operation being required.

Rupture of the drum membrane, laceration of the canal and severe hemorrhage will result from misguided efforts to afford relief. If the object is one that will not swell, there is no immediate necessity for its removal, as no injury will result from its retention. A foreign body that will swell should be extracted as soon as possible.

No person should attempt the removal of a foreign body from the ear unless they can illuminate the canal, and see exactly what they are doing. A head mirror is as necessary for this, as the knife is for the surgeon, or the vaginal speculum for the gynecologist. The advice of the Irishman regarding the proper method of cooking a hare is applicable in these cases, "First catch your hare," and the only way you can be positive of the presence of a foreign body in the ear is to illuminate the ear and see for yourself. The syringe and warm water is the best, safest and surest method to employ when you find a foreign body is present. The stream of warm water should be directed along the superior wall of the canal, so that the return-flow is unimpeded. The canal may be straightened by drawing the auricle upward and backward with a gentle pull. It is not necessary to use force in this manipulation; remember you are not pulling up a fence post. If the first syringe full of water does not remove the object, try a second, third, or a sufficient number to be certain you cannot succeed in this way, but care in the directing of the stream will almost invariably meet with success.

Instrumental interference should only be attempted by persons skilled in this work. Forceps almost always push the object deeper. A method which has been successfully employed is to dip a small brush, or cotton wrapped on a probe or other suitable support, in liquid glue or collodion, and hold it in contact with the object until

hardened enough to withdraw the body. A piece of rubber tubing slipped over the tip of a syringe, and the distal end covered with vaseline or other greasy substance, then brought in contact with the body, and producing suction, may also prove successful at times.

THE LINGUAL TONSIL AS A CAUSE OF COUGH.

There is no one of us, I am sure, but who will give aye to the statement that the treatment of coughs is more difficult than almost any ailment that is so common, and we know what slight irritation will, in some instances, produce it. The discovery of the exact location of the irritation is often, however, the first necessity when a cure is attempted, for without it all efforts avail but little.

I shall only deal in this paper with those coughs that are caused by an enlargement of the lingual tonsil, which I have learned to believe is much more frequently a provoking element in the production of severe coughs than it is usually given credit for, and since I have come to look more closely for hypertrophies in this region, I have found them existing in fully 75 per cent. of the cases that offer themselves for treatment in the throat department of the Ophthalmic Hospital.

The lingual tonsil consists of adenoid tissue, and normally presents the appearance of a number of very small rounded elevations. These are located at the base of the tongue, behind the circumvallate papillæ and just above the attachment of the epiglottis. There is a small orifice in the center of each elevation, which leads into a crypt, and at the bottom of each crypt is the orifice of the duct of a mucous gland.

An inflammation and swelling of this agglomeration of glandular tissue is liable to follow infectious fevers, attacks of influenza, particularly when the upper respiratory tract is involved, or any condition that may cause continued local irritation, and when enlarged, the accumulated secretion and the constant irritation present may be the cause of persistent cough.

To properly observe the lingual tonsil, it is necessary to use the laryngoscopic mirror, having the patient in a good light, either direct or reflected.

Symptoms.—In almost all cases there is a constant effort to clear the throat of something, which, while there is more or less secretion thrown off, does not appear to become dislodged. There is a feeling in the throat when swallowing, as if the bolus of food passed over some obstruction, which is apt to cause, in the case of nervous individuals, considerable alarm, owing to the fear that there is some foreign body in the throat.

The voice tires easily, the throat aches and hoarseness follows any extended effort at speaking or reading aloud, which is due to the hypersecretion, as well as the inflammatory conditions which are present in greater or less degree.

When there is a cough, it may be of the hacking variety, which may be extremely annoying to the patient and all who come in contact with him, or violent, spasmodic and racking, aggravated by all attempts at loud talking and frequent on lying down at night. In some cases, where there is a general catarrhal condition of the naso-pharynx, we will find a relaxed and elongated uvula coming in contact with the already inflamed lingual tonsil. When this is the case, the uvula will need to receive attention at the same time with the lingual tonsil.

Prognosis.—The prognosis is always good, and depends upon the recognizance of the condition and the proper treatment for the removal of the point of irritation.

Treatment.—Attention to the general health of the patient should not be neglected, as it is necessary that the highest standard of health be maintained, but in order to attain that point it will be necessary that the hypertrophied glands, being a constant source of irritation, should be removed as quickly as possible, which is almost invariably followed by immediate relief. The method followed by me in the removal of the lingual tonsil is practically as follows:

The patient, being seated in the ordinary position for making a laryngoscopic examination, is told to hold the protruded tongue by grasping it with a napkin held between the thumb and first finger of the left hand, while I make an application of some antiseptic solution to the parts to be operated upon, using for the purpose a small pledget of cotton twisted upon a laryngeal applicator, doing this with the right hand, while with the left I hold the laryngoscopic mirror to enable me to see that the application is properly done. In the same manner I then apply a 10 per cent. solution of cocaine to the enlarged tonsil, and in a few minutes the operation can be done without pain. I then have my Myles' lingual tonsilotome, which has been previously sterilized, in my right hand, the patient holding the tongue as before described, and with the mirror placed with my left hand to keep the field of operation well in view, I select one of the enlargements and, engaging it in the instrument, bring it away. The others are removed in the same manner, one by one. It is of the utmost importance that the patient should not gag during this operation, and a little practice usually produces a tolerance of the instrument. A thorough anesthesia of the part will generally enable the operator to do the work easily, but in some cases considerable patience will be necessary.

After all of the enlargements have been removed, the site of operation should be swabbed with peroxide of hydrogen or electrozone, to prevent infection and to arrest any hemorrhage that may be present. It is rare to have any bleeding of any account unless a varicose condition of the part exists, and even then moderate pressure with a pledget soaked in peroxide of hydrogen will usually promptly check it.

In all cases patients should be cautioned against attempting to

clear their throats too violently for several hours, as so doing may break the clot and thereby cause a secondary hemorrhage.—*John B. Garrison, M. D. before the Missouri Valley Homœopathic Medical Association, Kansas City, Mo., October, 1900.*

The lingual tonsils bid fair to become as popular an operative field as the turbinates have been, and it is a safe prediction that as much mischief will be done in the former as has been done in the latter region, while it is undoubtedly true that excision of the lingual tonsils is required in some cases, I have not found it necessary only in exceptional instances.

Glandular and adenoid tissues are equally amenable to treatment, and careful diagnosis with equally careful medication will relieve the majority of these patients.

K. O. F.

PERISCOPE.

IMPORTANCE OF EARLY OPERATION IN GALL-STONES.

Richardson (*Jour. Amer. Med. Association, Dec. 1, 1900*) states that gall-stones should be removed from the gall-bladder as soon as their presence is reasonably sure, unless the diseased condition of the other viscera makes the hazard or the operation greater than the hazard of the gall-stones themselves. The author has observed that the earlier the operation, the less danger and greater success. The removal of gall-stones from a normal gall-bladder is without mortality, and he has yet to lose a case after the simple removal of gall-stones from a normal gall-bladder.

Operations on the cholæmic are attended by a relatively high mortality. In this class of cases the operation has to be performed on the common duct, where the dissection is broadest and deepest, and the patient's power of resistance feeblest. The significant and unfavorable factor, however, is the jaundice and not the dissection, for an even larger percentage of deaths has followed simple exploration for malignant disease blocking the biliary passages than has followed simple operation for gall stones in prolonged jaundice.

All of the author's cholecystotomies have been successful. The fatal operations of this class have been cholecystotomies with removal of stones from the hepatic and cystic ducts through the gall bladder. Considering the gravity of the acute infections of the gall bladder, this class of cases has been most brilliant, for nearly all the patients have recovered after simple drainage. The results of experience can but emphasize the importance of early operations. In most of the author's fatal cases the history of gall stones had lasted over many years—a period of time during which serious complications, both local and general, had taken place. Moreover, in many cases the patients were beyond middle life, and one patient at least was of advanced

age. Among the deaths were four occurring during acute cholecystitis. In some of the successful cases, too, similar serious local and constitutional conditions existed, but in spite of them recovery followed. Patients of middle age or younger, without these complications, were all cured by operation, and thus far the cure has been permanent.

Among the serious complications were acute infections of the gall bladder in some twenty cases. All recovered except four. In many of them there is no history of gall stones; in several appendicitis was supposed to exist; in a few no gall stones were found; in two the operation was undertaken as a last desperate hope. The possibility of the occurrence of acute cholecystitis is another strong argument in favor of early operation. Though comparatively early seen in the acute stage, the author is sure that many of the contracted gall bladders have passed through successive mild infections.

What are the indications, then, for operating on gall stones? In the author's opinion, the indication is the diagnosis of gall stones in the gall bladder. When this diagnosis has been made the gall bladder should be explored if there is no contraindication in other viscera. A single attack of gall-stone colic, after which a faceted stone is found in the stools indicates operation, and a single attack after which a non-faceted stone is found in the stools, may also indicate exploration, especially if there is tenderness in the gall bladder, with fever, for stones are probably confined in the gall bladder or at its outlet, and the spasms are ineffectual efforts of the gall bladder to expel them. All cases of acute cholecystitis demand operation if seen early, unless the symptoms are rapidly improving, and then they require operation after the subsidence of the acute attack. Repeated attacks of gall stone colic indicate operation, even if no stones are discovered in the stools, and even if the symptoms are so mild as not to demand it. True conservatism in the surgery of the gall bladder, the lesions of which are purely mechanical, requires, as the only rational treatment, surgical measures which themselves are purely mechanical.

While natural relief in gall stones is not as impossible as in stones of the urinary bladder, the former, because of their occurrence, cause far more suffering and death than do the latter. Furthermore, the complications of gall stones are in many instances quite as disabling as those of urinary calculi, and they often are more rapidly fatal. A most pernicious argument against surgical measures in gall-stone affections, as in appendicitis, is the occasional quiescence or apparently complete recovery after severe symptoms, but one can never predict the probable course. Removal of the appendix that has offended or is offending is only the common sense method of treatment, as most experienced operators and clinicians will admit, the chief difference of opinion being as to the safest time of operation. So in patients who have suffered from gall stones—who are suffering from them—it is but common sense to advise simple and safe methods of sure removal, rather than the uncertain and dangerous course of natural evolution.

In both diseases early operation, at a period when everything favors speedy convalescence, can but be regarded, in the light of experience and of common sense, as a life saving procedure gained at a minimum of risk.

W. N. M.

ABORTIVE TREATMENT OF PNEUMONIA IN CHILDREN.

H. Illoway, of New York (*Pediatrics*, Dec. 15, 1900), asks the question, Can a pneumonic process in the infant or child be arrested at its outset—shortened? He then refers to the old fashioned theory of jugulation, which held an important place in the practice of physicians of the past generation. From his own experience he answers the question affirmatively, and proceeds to report a number of cases of both catarrhal and croupous pneumonia bearing out his statement.

The first case was one of broncho-pneumonia in an infant, aged nine months, which began after a bronchitis, with slight fever, lasting five or six days. The temperature then rose, and for two days ranged from 102 to 102.75° and from 103 to 104°. On the morning of the third day, with a temperature of over 103°, considerable diminution of resonance in the right lower lobe posteriorly was detected. The child lay in a stupor, from which it was aroused only by cough. At this stage of the disease three-fourths of a drop of tincture of veratrum viride and one-fourth of a drop of tincture of aconite were given every hour and a half. By evening the temperature had fallen to 100°, and the baby had begun to nurse well. Next morning the temperature was normal and rapid recovery followed. The cough continued for ten days longer, growing less and less frequent, and at the end of that time ceasing altogether.

The second case occurred in a girl aged eleven years, in whom the author had observed two previous attacks of broncho pneumonia, both of which lasted for more than three weeks. At the third attack the physical signs gave promise of more extensive involvement of the lung than occurred in either of the two preceding attacks. The treatment here was the administration of three fourths of a drop of Norwood's tincture of veratrum viride, with one-fourth of a drop of tincture of aconite, given at intervals of half an hour for five doses and then hourly. This dosage was continued from morning until evening, and by this time the child was so much better that the interval was made every two hours, and during the night the medicine was omitted. On the following day the temperature was normal. All signs of bronchitis disappeared in seven days. Two other cases—one of broncho-pneumonia, the other distinctly croupous—were treated successfully in the same way.

A second class of cases is described in which the infusion of digitalis (a decoction as prepared by German pharmacists, 10 grains to the ounce) seemed to act satisfactorily.

The author believes that the combination of aconite and veratrum

viride acts directly upon the main factors in the morbid process—congestion and inflammation—as shown by the fact observed that the temperature was reduced permanently without subsequent rise even after the medicine was stopped. He considers the repetition of the remedies at short intervals to be of the utmost importance.

[It is a well-known fact that pneumonic processes in the child often terminate spontaneously after a course of only two or three days, so that conclusions based upon only a few cases, however treated, must be accepted with caution. Dr. Illoway's cases, however, are very suggestive, and they do at least indicate that this combination of drugs can be used without harmful results. One of the editors of this department has frequently employed at the outset of pneumoxia in children a combination of tincture of aconite and tincture of digitalis during the first twenty-four hours, with very encouraging results, which lends support to D. Illoways contention.—T. S. W.] W. N. M.

GELSEMIUM.

The article from which the following extracts have been taken appeared as an editorial in the December issue of the *Medical Summary*. It contains some indications that we have known to be facts for years, but there are other indications that from the pathogenesis of the drug are clearly proven to be palliative in character. Neither irritation nor inflammation can be permanently benefited by the selection of this remedy, hence the poor foundation for assuming to give his readers the "true position."

"The true position of gelsemium is probably not as well understood as it should be, as until only a few years ago, this drug was principally employed by the Homeopathic and Eclectic branches of the profession. Now, however, it is more generally used and growing in favor, and is being used in a wider range of pathological conditions with apparently good results, not to mention its well established value in neuralgia of the first and second branches of the fifth nerve, and its kindly action in acute inflammation of the air passages. Gelsemium is a cerebro-spinal sedative: it lowers the blood pressure, decreases the frequency and modifies favorably the character of the pulse in fevers, and thus favors the re-establishment of normal secretions. It causes relaxation of the system; the pulse is less frequent and softer, the respirations are slower, the skin becomes cooler, soft and moist, there is less determination to the head, and if there is pain it will be reduced or entirely eased, while at the same time we notice an increased secretion of the urine."

Whenever administered for any pain, care must be taken to determine the cause, and to bear in mind that the relief of that pain will be followed by evidence of prostration, weakness or paralysis, if there was any inflammatory cause back of the trouble.

"It has been found that rebellious cases of irritable bladder and of ovarian and uterine neuralgia yield to full doses of gelsemium. It is also valuable in the coma vigil of typhoid fever. The drug seems to

allay the restlessness and relax the nervous tension, and permits a natural sleep. Where heart action is feeble, however, and the capillary circulation languid, tincture strophanthus should be combined with it."

Naturally large doses of gelsemium would prove an aggravating remedy "where heart action is feeble," but small doses, other things being equal, would surprise the worthy editor and show the value of the remedy without the aid of strophanthus, which by the way seems to have a peculiar indication for "weak" heart.

"One fact to be borne in mind, however, in the administration of gelsemium, is that individual tolerance of the drug varies greatly, so that it is better to begin with moderate doses and increase till the desired effect is attained."

There are none so blind as those who will not see. Some people are susceptible to the action of a drug, and it is from them that we get the true picture of its finer differentiation. The intolerance will be found in this class, and among susceptible patients it is important that no remedy be given but the right one, because of the danger from drug aggravation.—*Hahnemannian Advocate*.

DISINFECTION OF WOUNDS.

Professor Von Bruns, Germany (*Phila. Med. Jour.*, May 18, 1901) observes that although our methods of rendering operative wounds aseptic have been productive of certain definite results, there remains more to be desired in the treatment of infected wounds. The time during which all the good results were expected from antiseptic irrigations alone has passed. Antiseptics came into discredit because of the danger attending their employment, as in the case of carbolic acid; or because, when coming into contact with albuminous secretions, they lose their efficacy, as is the case with corrosive sublimate. We have learned that the aseptic and antiseptic treatments of wounds are equally valuable.

Chemical disinfection, while never absolute, should not be discarded. We need a procedure which is germicidal without causing injury. The professor advocates the use of pure carbolic acid. To guard against local injury and toxic effects, he cautions that the surrounding parts be first protected with absolute alcohol, and that the acid be allowed to remain in the wound but one minute. He applies it with a cotton mop, and removes it by washing with absolute alcohol.

It may be added that many American physicians prefer to rely upon Phenol Sodique, which is a definite chemical compound of carbolic acid and sodium, and has no toxic nor escharotic action whatever. It may be employed pure for disinfecting old wounds, or diluted from six to ten times for a moist dressing. It will accomplish even more than is claimed for carbolic acid, and does the work without danger or disadvantage.

VERATRUM VIRIDE IN PNEUMONIA.

It is a well-established fact that croupous pneumonia is more fatal under present methods of treatment than it was twenty-five years ago. This is one disease in the treatment of which no progress has been made. The pathology and etiology have been thoroughly investigated, and the micro organism that causes the disease is well known; but yet so little can be done.

Perhaps, much harm has been done by the administration of the coal-tar derivatives. Symptomatically, their effect is very gratifying, but their influence on the course of the disease is very pernicious. But it is not their depressing effect on the heart that is to be feared so much as the detrimental influence on those processes which finally neutralize the toxins and destroy the bacteria producing them. The coal-tar antipyretics inhibit heat formation, but they also diminish the activity of the white blood corpuscles. Recently H. C. Wood has shown that phenacetine has very little depressing effect on the heart muscle. So we should not fear cardiac depression, but we should fear diminishing the vitality of the defensive cells of the human body.

It is, therefore, not unreasonable that physicians have a tendency to resort to older remedies in this severe disease. One of these is veratrum viride. It was formerly much used in pneumonia. It is still used by many country practitioners. Our text-book authorities scarcely mention it. But there can be no doubt that it is exceedingly efficacious in acute inflammations to reduce blood pressure and produce stasis in the pulmonary capillaries, which according to Smith's theory is necessary for the induction of the crisis.

As far as is known veratrum viride does not affect the activity of the leucocytes. It is, therefore, a safer drug than phenacetine.

Illoway (*Pediatrics*, Dec. 1900) reports several cases of pneumonia in children, which he had seemingly aborted by the use of veratrum and aconite.

Two or three physicians of our acquaintance have recently resorted to its use in pneumonia with gratifying results.

It must be early in the disease in full doses. The pulse should be kept near normal. Later in the disease when consolidation is complete it can do little good. Digitalis is then a better remedy.—*The Medical Adviser*.

The Therapeutic Indications of Cannabis Indica.

Dr. H. Edwin Lewis finds in pain not due to distinct pathological lesions the chief indication. In migraine, hemicrania, the various neuralgias, and the headaches due to eyestrain, it may be used with marked success. In the pain of multiple neuritis and tabes dorsalis, it is one of the best of anodynes, and to relieve the chest pains of phthisis it is often very serviceable. In the various neuroses of pregnancy and the climacteric, and the particularly violent nerve storms

of the artificial menopause, it is satisfactory. Dysmenorrhea not due to anatomical or inflammatory causes, is promptly relieved, with few after effects. Impotence more or less complete, which is due to urethral hyperesthesia, is certainly benefited by the sedative or analgesic action of *cannabis indica*. In several instances of diabetes mellitus improvement has followed its use. It will relieve the intolerable itching and burning of various skin neuroses.

The dose is one fourth to one grain of the assayed solid extract. A quarter of a grain may be repeated every one, two, or three hours as required.—*Merck's Archives*.
W. N. M.

Coffee and the Nervous System.

Dr. W. M. Leszynsky maintains that ill effects following the use of coffee are by no means uncommon. Much of the present day nervousness he attributes to its immoderate use. The symptoms complained of are general headache and nervousness, insomnia or restless sleep, bad dreams, sudden awakenings, vertigo, general tremulousness, diminished muscular power, loss of appetite, frequent eructation, and constipation. Objective symptoms in addition, are coated and tremulous tongue, tremor in the eyelids when standing with closed eyes, in some cases dilated pupils, tremor in outstretched hands, rapid pulse of low tension and frequently irregular, ranging from 90 to 130, exaggerated reflexes, and varying amount of irritability.

For the treatment of the condition it is wise to limit the patient to one cup of coffee in the morning, or to substitute one of the cereal coffees. A useful mixture, to be used as a sedative, is the following: Sodium bromide, 15 grains; solution of potassium arseniate, 2 minims; compound tincture of gentian, $\frac{1}{2}$ ounce; fluid extract of kola, 15 min. At the end of five or six weeks the bromide should be discontinued, and tonic pills containing arsenic, quinine and strychnine, taken. Recovery should follow in from three to six months.—*Med. Record*.

Surgical Sensationalism in the Newspapers.

In their greed to pander to the love of sensationalism that has infected the public mind, the newspapers of the yellow type have seized upon medicine, and especially surgery, as a thrilling theme of discussion. Readers are regaled with descriptions of wonderful operations and miraculous cures, which can successfully compete with the most startling tales of Munchausen. These stories usually have their foundation in the idle and exaggerated gossip of hospital employees and nurses, who are only too ready to be interviewed by the eager penny-a-liner. To the surgeon these alleged reports are a source of serious annoyance, and the unfortunate feature of it all is that he has no real redress. But even in the few instances where the information given is correct, we fail to see what good purpose can be subserved

by its publication in a lay journal. The average person who has a morbid craving for this kind of news makes a very bad patient; he is apt to be disputative, critical and suspicious, and to disobey the physician's directions. That "a little knowledge is a dangerous thing" finds a striking illustration in his case. It cannot be too strongly impressed upon the journalistic profession that there is one field of medicine, namely, the prevention of disease, in which it can be of the utmost assistance in the diffusion of knowledge among the public. By educating people to the importance of observing the regulations established by our health-boards the lay-press would become a valued auxiliary to the medical profession, instead of as now too often, a meddlesome intruder.—*Intern. Jour. of Surgery.*

GELSEMIUM.

The true position of gelsemium is probably not as well understood as it should be, as until a few years ago only, this drug was principally employed by the Homeopathic and Eclectic branch of the profession. Now, however, it is more generally used and growing in favor, and is being used in a wider range of pathological conditions with apparently good results, not to mention its well-established value in neuralgia of the first and second branches of the fifth nerve, and its kindly action in acute inflammation of the air passages. Gelsemium is a cerebo spinal sedative; it lowers the blood pressure, decreases the frequency and modifies favorably the character of the pulse in fevers, and thus favors re-establishment of normal secretions. It causes relaxation of the system; the pulse is less frequent and softer, the respirations are slower, the skin becomes cooler, soft and moist, there is less determination to the head, and if there is pain it will be reduced or entirely eased, while, at the same time, we notice an increased secretion of the urine.

It has been found that rebellious cases of irritable bladder and of ovarian and uterine neuralgia yield to full doses of gelsemium. It is also valuable in the coma vigil of typhoid fever. The drug seems to allay the restlessness and relax the nervous tension and permits a natural sleep. Where heart action is feeble, however, and the capillary circulation languid, tincture of strophanthus should be combined with it. One fact to be borne in mind, however, in the administration of gelsemium, is that individual tolerance of the drug varies greatly, so that it is better to begin with moderate doses and increase till the desired effect is attained.

In malarial fevers gelsemium may be employed to advantage along with quinine, as it has been noticed that quinine in combination with gelsemium exerts fully as much influence upon the system in one-half the dose; that is, the gelsemium adds one-half to its powers.

When quinine produces disagreeable cerebral symptoms, the combination will obviate the difficulty. In inflammation of the respiratory

organs it is quite advantageous; it not only acts as a sedative and relaxant, but also appears to exert a favorable influence by quieting nervous irritation and promoting secretion from the bronchial mucous membrane.—*The Medical Summary.*

RATIO OF PHYSICIANS TO POPULATION.

The Boston Medical and Surgical Journal for Jan. 12 contains a resume of a monograph by Dr. Abbott in which is given the ratio of physicians to population in the United States. This monograph was prepared for presentation at the Paris exposition. According to a table given in this article there is 1 physician to each 655 inhabitants. "An examination of the following table shows that California is the state which is most liberally supplied with medical men, the proportion there being 1 physician to 416 inhabitants, and the ratio in Colorado and Vermont is about the same, while the states which are most sparsely supplied are South Carolina, North Carolina, New Mexico and Alaska, with respectively 1 to 1,123, 1,132, 1,189, 1,395 and 2,349 inhabitants.

NUMBER OF INHABITANTS TO EACH REGISTERED PHYSICIAN.

Name of State.	Number of Inhab. to each Physician.	Name of State.	Number of Inhab. to each Physician.
California.....	416	Delaware.....	694
Colorado.....	452	Nevada.....	706
Vermont.....	469	Oklahoma.....	707
Ohio.....	489	Nebraska.....	725
Indiana.....	494	Idaho.....	749
Missouri.....	507	Florida.....	751
Arkansas.....	546	Arizona.....	754
Kansas.....	555	Washington.....	762
Tennessee.....	556	Georgia.....	767
Maine.....	556	Montana.....	782
Massachusetts.....	561	Virginia.....	842
Illinois.....	562	New Jersey.....	856
New Hampshire.....	564	South Dakota.....	894
Maryland.....	565	Alabama.....	930
Michigan.....	570	Wisconsin.....	936
Indian Territory.....	597	Utah.....	944
New York.....	603	Wyoming.....	964
Iowa.....	609	Louisiana.....	985
Texas.....	612	Minnesota.....	1,004
Kentucky.....	625	Mississippi.....	1,027
Oregon.....	638	South Carolina.....	1,123
United States.....	655	North Dakota.....	1,132
Pennsylvania.....	662	North Carolina.....	1,189
West Virginia.....	667	New Mexico.....	1,395
Connecticut.....	687	Alaska.....	2,349
Rhode Island.....	692		

"These conditions are illustrated for the year 1898 by means of a chart in the pamphlet referred to. The two tables for 1898 and 1900 do not present very striking differences except in the states of Iowa, Kansas and Nebraska, the reasons for the difference being apparently due in the two former states to an unusual increase in the population, and in the latter to an unusual increase in the number of physicians.

"Turning now to Germany, an entirely different condition is evident as shown by the recent publication of the Imperial Board of Health of the German Empire. In that country, three enumerations of the physicians have been made at intervals of eleven years, one in 1878, one in 1887, and the last in April, 1898. The last enumeration was very comprehensive and included all persons employed in connection with the care and treatment of the sick, either in private practice or in hospitals or other institutions. The circular calling for information was issued by the Imperial Board of Health of Germany and included the enumeration of the following persons:

"Regular practicing physicians: (a) Physicians in private practice; (b) physicians in institutions; homeopathic physicians; military and naval surgeons; other 'approved' practitioners, including surgeons and country doctors; dentists; dentists' assistants; nurses, masseurs, etc.; veterinary surgeons, civil and military; midwives.

"In the empire at large the number of physicians had increased from 15,284 in 1887 to 24,725 in 1898, or more than 56 per cent, while the population had increased only 14 per cent. This last enumeration shows that the ratio of the number of physicians to the population in Germany is very much less than that which prevails in the United States, since in the German Empire there was in 1898 only 1 physician to each 2,114 inhabitants, while in the United States at the same time there was 1 for every 647 inhabitants.

BALDNESS.

I have given this subject considerable study, being in the same unfortunate path.

There seem to be several causes of dandruff, each of which produces a diminution of the circulation of blood in the scalp, and whenever we note this lack of nutrition we soon find dandruff in abundance, and a corresponding loss of tone and healthy gloss of the hair, which soon falls out.

The first cause is probably dyspepsia from nervous disorders. The call for blood to be sent to the stomach to force digestion robs the head largely, as will be noticed by the drowsiness after eating.

The next cause I believe is the stiff hat, which is so much worn by professional men, be it either the "dip" or the "plug" hat. This class of head-gear it is necessary to wear tightly to prevent its blowing off; and this, together with the fashion of cutting the hair close

on the back of the head, causes a compression of the blood-vessels, cutting off the supply of blood to the hair-bulbs. This will begin to manifest itself by dandruff, followed by falling of the hair.

The claim that keeping the head too warm is a cause I dispute, for the following reasons: Ladies are seldom bald and generally wear a loose, airy hat, or if a tight-fitting hat is worn the mass of hair on the back of the head prevents compressing the arteries.

The smallest per cent of baldness is found in the Russian army, where a heavy fur cap is worn the entire year. Again, in the rural districts where the farmer wears his hair chopped square across his neck, leaving a heavy mat on the back of his head, baldness is not often seen. All will agree that the largest per cent of baldness is found among merchants and professional men who follow the fashion in hats and hair-cutting.

Of course we have cases of hereditary baldness, where grandfather, father and son lose their hair at a certain age, regardless of all conditions. Also we see cases in which baldness results from disease never contracted at Sunday-school, which are outside the domain of this discussion. Also we know that it is much easier to stop the hair from falling than to grow more after it is out.

A study of these conditions will point out the remedy. We must apply stimulants, with friction and massage to the scalp, and thereby call in a greater amount of blood to nourish the hair-bulbs. Apply stimulants and note how quickly dandruff will go. I would mention: Tr. cantharides, tr. capsicum, glycerin, aa. an ounce; witch-hazel (dish.), q. s. to make 6 ℥. Rub in well.

Another good remedy, that where the hair is gone will often grow it again, is lactic acid, one part to four of water. Rub in until it pustulates, then leave off for a few days and apply again.

Much good has come from black or crude petroleum, which is to be used in small amounts rubbed in with the finger tips, two or three times a week. While the oil and lactic acid are used to stimulate the growth of new hair, I do not regard them as remedies for dandruff. Quinine cut with muriatic acid, then diluted with rose-water, with the addition of capsicum and glycerin, or better with alcohol or witch-hazel, is a good remedy for dandruff. The capsicum should be strong enough to cause a gentle smarting sensation and a reddening of the scalp.

My friends, try some of these suggestions, and let others tell us more about it, as it is a subject that very few know much about.—E. R. WATERHOUSE, M. D., in *Alkaloidal Clinic*.

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PRETERNATURAL LABOR.

III. VERSION.—There is no special mechanism to study in presentation of the shoulder, and as soon as the early symptoms of a preternatural condition can be confirmed by a positive diagnosis of the presence of a shoulder, preparation should at once follow, looking to the relief of the difficulty, and delivery. No departure from the normal presents more serious or trying consequences than this variety of preternatural labor, the mortality for both mother and child being large; it is therefore advisable to call for professional assistance both for the purpose of aiding in the delivery and management of the case, as well as to share the responsibility of the same.

The treatment that must be resorted to in these cases is version, or turning, whereby the shoulder is disengaged, and one extremity or the other of the long diameter of the foetus made to present in the axis of the pelvic outlet. Two prominent varieties of version are recognized, the *cephalic* and the *podalic*. Another is sometimes mentioned, the *pelvic*, which is, however, simply a modification of the latter.

Podalic version is most frequently resorted to by obstetricians in general. Various methods have been suggested in this form of version, or turning by the feet; the internal is seemingly of most frequent preference. The operation of turning by either of the methods advised, should, however, be instituted as early in labor as possible; usually it is best to begin as soon as the os is sufficiently dilated to admit the tips of the fingers—say to the size of a silver dollar. The patient should be placed across the bed, with the hips well over, and the legs supported; it is also well to properly protect the bed and carpet. The physician should take his position between the limbs, facing the patient. The assistant should see that the patient is profoundly anesthetized, after which the fingers should be introduced and carried completely through the os, dilating carefully and gradually, in the absence of pains, until the whole hand is admitted into the uterus. A loop of the cord will usually be readily recognized, which should be followed to the umbilicus, at which point the legs and feet are as a rule located. The feet should be grasped between

the fingers sufficiently firm to maintain the grasp; the process of turning should now begin; traction should be made downward by the feet until the knees pass the vulvar orifice. Corresponding with the traction upon the feet, upward pressure should be made by means of the other hand on the head that it may dislodge the shoulder and pass upwards equally with the descent of the breech and feet. All manipulation should be made in the absence of contraction. When the uterus contracts the hand within the uterus should be opened flat over the body of the child, and allowed to remain until the organ is perfectly relaxed. It has been advised by many to turn by bringing down but one foot, maintaining that the other foot and leg holding their position upon the foetal abdomen, will more thoroughly and completely dilate the os and soft parts for the passage of the after-coming head. Version should always be made when possible so as to bring the back and occiput of the foetus to the front.⁴

The combined bipolar or Braxton-Hicks method of executing podalic version is advocated by some, and especially of late years. In this form of operating the patient should be placed in the dorsal position at the side of the bed, the operator sitting facing her. The bowels and bladder should be evacuated; anesthetization and thorough asepsis of the vagina and cervix should follow. The hand should now be carried into the vagina, and two or three fingers passed through the cervix to the shoulder. Pressure is now made upwards during the absence of pain, while with the palm of the hand counter pressure is brought to bear upon the buttocks or breech at the same time. Turning after this method is thus continued until the feet or breech engages at the outlet. The advantages claimed for this means of version are that it may be executed early in labor, and there is a minimum danger of sepsis; likewise there is less danger of uterine rupture than in the internal method.

Cephalic version is of less danger to the patient, and commendable when it can be performed. The head may be turned by the Braxton-Hicks method in some instances where there is not too great impaction of the shoulder. Observing the same manner of preparation, the external hand presses the head downward and inward, while the fingers within the cervix press upon the presenting part upward and outward. The head often adjusts itself to the pelvic brim readily and with but little resistance.

Cephalic version by the postural method has been advised by some of our friends who have had occasion to resort to it. By this form the mother assumes a position whereby the head and body are lowered, and the pelvis elevated, after the Trendelenburg manner. In this position, with careful digital manipulation, assisted by the lowering of the body by gravity, the head can be often readily guided to the canal of the pelvic outlet, followed by natural labor.

Bipolar or extra-uterine version has been suggested in cases where the diagnosis of preternatural presentation can be made before the

advent of labor. By means of the amniotic fluid the position may be so changed as to render the presentation natural.

Following all forms of version, special attention to quietude should be given the patient; a bandage should be applied after the third stage of labor, and particular attention should be given the normal contraction of the uterus, as well as the beginning and continued condition of involution.

R. C. W.

COMMON SENSE.

It matters little from what school he graduates or what system he practices, if the physician does not use common sense, his work will be a failure; and there is no profession where a greater need is felt of this useful commodity than in the practice of medicine. Thorough knowledge of the various branches of medicine is very essential, but unless good judgment is used it may all pass for naught. I have often heard my father speak of one of his old professors who was a fine lecturer and a splendid man in *theory*, but of whom it was said, whenever he gets hold of a patient it was death to the patient. Every thing must give way to theory, and authority for a line of treatment was all-essential. A recent case will illustrate the point. The little patient had been sick for over 3 months; one disease had followed in the wake of the other, this poor tired little body was almost exhausted. From a plump baby, it had dwindled to one of great emaciation. The thermometer showed the fires were active and the life was being burned out.

After careful study a *diagnosis* had been made and one remedy after another which has been found useful in such cases, had been tried, yet the child grew gradually worse. What did this poor tired fever stricken patient need? I care not whether it was pneumonia, grip, whooping cough, or a hundred and one other possible diseases. Such a patient needed rest for the tired body. It had made a brave fight for weeks and now it needed a soothing treatment. The nervous system was all awry. The heart enfeebled by the long struggle was beating rapidly but very weak. Nature called for a nerve sedative, and at the same time something to support the worn and weary organs; what did it get? Stimulants outside, stimulants internally. The heart was weak and of course needed something to whip it up. So stimulant after stimulant had been given—strychnine, whisky, etc.

It is the lack of common sense that has made the practice of medicine so often a failure. I am glad there is a rational common sense system of practice. A system that recognizes condition, irrespective of the disease in question, and having recognized the pathological wrongs, is able to correct them. Is there cerebro-spinal irritation? We recognize it by the restless irritable condition of patient, by the starting in the sleep, by the sharp stroke of the pulse, and the elevated papillæ on the tongue. Rhus tox. relieves because experience has

proven that with these symptoms the excited cerebro-spinal centers are soothed and quieted. Is the face flushed, the eyes contracted, head rolling from side to side, gelsemium replaces the rhus; and so we might go on indefinitely, naming certain conditions that are recognized by definite symptoms, and relieved by definite medication. Where there is excitation, irritation and arrest of secretion, we kindly and gently treat our patient, and are rewarded by seeing definite work; where there is enfeeblement with feeble capillary circulation, patient is dull, pupils dilated, skin relaxed, extremities cold, stimulants, in the way of belladonna, nux vom., strychnine, ergot, etc., will be the rational treatment; not that we give these indiscriminately, but each with a well defined condition: belladonna for the dullness; nux where there is atony, full tongue, full tissue; lobelia, oppressed pulse and obstructed respiration; strychnine, feeble pulse, pale tongue, relaxed tissues; capsicum, tongue dry and furred. So we might go on naming conditions that can be met sharply and definitely. We do not labor to name the disease and then search for a remedy that has been found useful in such cases, but take the common sense, rational method of treatment.

R. L. T.

SURGICAL MISCELLANY.

The indications for surgical interference in uterine fibroids is plainly made out when you have conditions of hemorrhage, excessive and exhausting, pain in the tumor mass, pressure on the bladder or ureters, crampy, colicky pains in the abdomen, on account of pressure of the tumor upon the intestines, and especially where there is a tendency to a degeneration either in the forming of gangrene or sloughing indicative of malignant lesions.

That a proportion of women have harmless fibroids, is of no special importance in taking into consideration the condition of a woman who presents herself complaining of the tumor mass. It is much better and safer to assail these fibroids before they have assumed much gravity, as the operation is not fraught with a great deal of danger, and the majority operated upon should make a speedy recovery, and not be compelled to hazard their life with this unknown quantity. In some cases, where there has been excessive hemorrhage, calcium chloride in combination with *hydrastis canadensis*, administered internally, has given good results in bringing under temporary control the hemorrhageous myomatous womb.

STONE IN THE BLADDER.—The most constant symptoms of stone in the bladder are, increased desire and frequency of micturition; pain in connection with the act of urination; hæmaturia, moderate discharge of blood following the emptying of the bladder; sudden stoppage of the flow of urine, due to a spasmodic contraction of the vesical sphincters upon the lith. These four characteristic symptoms should be of sufficient warning to warrant the physician in making a search with the sound or cystoscope.

SCHOOL CHILDREN.—In France it is a custom to give school children Thursday as their holiday, and the remaining days of the week except Sunday for active school work. In conversation with a physician in Paris, he suggested the advantages derived from this manner of dealing with school children; he said that where they had a holiday Saturday followed by another Sunday, it made such a break in the school child's life, that Monday amounted to but little. The theory of giving the holiday in the middle of the week, followed by the Sunday holiday, gives the school children three days of solid work, one day of play, two more days of solid work, and the rest on Sunday. In addition to this innovation of school life in the larger cities, provisions are made for the student to have in the middle of the forenoon a little dish of soup with bread or crackers. Thus the children of France are well fed, and their vacation days nicely divided, and I believe the plan is commendable and worthy the consideration of our educators in America.

ENFANTS COUVERSUE.—In Paris, near the center of the city, are two buildings set aside for the raising of delivered children. These incubators are in charge of reputable people, and they keep constantly on hand a very liberal supply of infants in the different stages of development. It seems to be a matter of business with the proprietor of these places—*enfants couversue*.
L. E. R.

INFORMATION WANTED.

In accordance with a resolution passed by the Alumni Association of the Eclectic Medical Institute, the undersigned is now engaged in preparing a history of the college. In order to make this work as complete as possible we desire the assistance of our physicians in furnishing available material. We are particularly desirous of obtaining portraits and sketches of every member of the faculties of the Worthington Medical College, of the Reformed Medical College of Cincinnati, of the Eclectic Medical Institute, and of the Cincinnati College of Eclectic Medicine and Surgery. Any little item of interest, any short or long biographical sketches, any portrait single or in group will be thankfully received and, if desired, promptly returned in good condition as soon as used for reproduction.

The following are needed at once; any item of interest concerning the Worthington College, Medical Department. Pictures and sketches or reminiscences of Drs. D. L. Ferry, John J. Steele, Richard P. Catley, Truman E. Mason, B. F. Johnson, J. L. Riddell, Washington Starrett, and Joseph B. Day. Also a picture of Worthington College or knowledge of the whereabouts of such a picture. Of the Reformed Medical College of Cincinnati. Portraits and sketches of Drs. Jordan and Carr or knowledge or address of any of their descendants.

Of the Eclectic Medical Institute: Sketches and portraits of, knowledge or address of relatives of the following: James H. Oliver, Storm

Rosa (once of Painesville, Ohio), Herod D. Garrison, Benjamin L. Hill, J. Milton Sanders, Chas. H. Cleveland, G. W. L. Bickley, J. W. Hoyt, Chas. T. Hart, Wm Owens, Henry W. Warriner, James Milot, J. Cam Massie, Walter M. Ingalls (last two did not serve).

Of the Cincinnati College of Medicine and surgery: a spilt from the E. M. I. in the 50's, Drs. T. E. St. John, of Prairie du Chin, Wis., Walter Burnham (picture,) and C. D. Lewis (picture wanted.)

Any one having items concerning any of the above mentioned will confer a great favor if they will communicate at once with the undersigned. Any material or portraits loaned will be carefully protected and returned to the owner as soon as copied or reproduced.

H. W. FELTER, M. D., 1733 Chase Ave., Cincinnati, Ohio.

THE SETON HOSPITAL.

As previously noted, the Eclectic Medical Institute has now at its command perhaps the most elegant and complete hospital for its size in Cincinnati. It is at 640 W. 8th street, and extends through to 9th street, a depth of 200 feet, affording excellent light and ventilation. In all of its appointments it is most modern—hardwood floors,



open plumbing, and all of the best sanitary arrangements. The new amphitheater and operating rooms, now being built, will be up to date in every respect. There will be no wards, each patient having a private room, and prices will range from \$7 to \$20 per week. A limited number of charity or clinical cases will be taken. Clinical lectures will be given to the class from two to four times a week. With both the City Hospital and Seton Hospital, the Institute is fixed in the

way of Hospital facilities. For particulars always address the Secretary, Dr. J. K. Scudder.—*W. E. Boyer, M. D., in Med. Gleaner.*

The foregoing statement can scarcely be improved by additional lines. Prof. Boyer has presented clearly the facts, and has indulged in no exaggeration whatever. Whoever sends or brings a patient to this hospital—and it is now ready and in operation—will find every thing exactly as stated. The rooms, the location, the nursing, the professional attention—all is as it is said to be, and the terms are as reasonable as such accommodations can be procured for anywhere.

This leads us to say that both in treatment of disease and in surgery our physicians have been peculiarly fortunate since this hospital came under their charge. Some very serious cases have been operated on, and other cases that required great therapeutic care and skill. All were treated with the most happy results. This, in our opinion, is to be attributed to both the care of the Sisters in charge and the skill of the physicians—a combination that is necessary to success.

Among the patients treated has been the father of our own Doctor Niederkorn, who had a severe case of cataract of both eyes. The operation was performed by Prof. Foltz. In speaking of the case, Dr. Niederkorn has only words of praise both for the operator and the hospital. Another case that came before us concerned Prof. Boyer, who performed the operation. The mother Superior, in speaking to us before the operation, considered the case to be hopeless, but much to the surprise of all concerned, and the delight of the patient's relatives, there was rapid recovery.

J. U. L.

OFFICIAL MISSTATEMENTS CONCERNING TEMPERATURE.

Whether it be habit to "follow your leader," or based on some wise rule that we can not comprehend, the fact is, in our opinion, the Government goes to great pains to misstate the temperature in our cities, especially in summer. The official observer first locates himself on the very top of a building, in a situation that is inaccessible to man, where probably his only companions are the sparrows; then he proceeds to most artfully protect his thermometer from both direct and reflected sun's rays, and also from hot and cold air currents; then under the most exacting methods he reads hour by hour this thermometer which occupies conditions no human being meets, and with great gravity as though it were not a scientific burlesque, the returns are telegraphed over the land, city exchanging official joke with city.

When men working on the streets swelter in a temperature of 120°: when thermometers of unquestioned accuracy record 95 to 100° where men and women and children sweat in the shade, where no man presumes to question either the temperature or the thermometer, these official makers of the temperature they have discovered high up in the heavens, record 80°, 85°, and related figures.

It seems to us that two or three plans could be devised to improve on this burlesque. Take Cincinnati, for instance: a self-registering thermometer might be run to the top of the big steeple and the temperature taken therefrom; or a balloon employed to reach up into the white snow clouds and catch it there; or, as was once done with the great thermometer in front of Peebles' grocery, a cake of ice artfully secreted just back of the bulb; or even the thermometer might be placed in a cold storage warehouse. Possibly none of them would be less of a burlesque than the present system. Surely some men do work in the cold storage warehouses.

But seriously (not accepting that the foregoing is not serious), if the Weather Bureau wishes to tell us what temperature it is in our cities where men live, in the corn field and the harvest field, in the shade and in the sun where life must be passed, why not do so? Why not give them maximum and minimum temperature in shade and sunshine, in a fair location near the surface of the earth? Of course no objection can be had to this playful method of the present, if it affords scientific data for an upper air current, but would it not be well also, we ask in all earnestness, to officially record the temperature where people exist?

J. U. L.

A MUCH-NEEDED REFORM.

But, the reader may ask, what has the foregoing to do with medicine? Everything. Physician's work is no longer confined exclusively to physic. The field is widening. Surgery once was the exclusive province of the barber, and the red-striped pole is yet a relic of the time when a barber's sign indicated his bloody calling. But surgery is no longer even a part of his field, if we may except the occasional leeching of a black eye. The physician intrudes wherever thought concerns the welfare of man, and it certainly concerns man's welfare to have such facts as the temperature of the times stated fairly and comprehensively. But enough; let us pass to another point.

By legislative act the State of New York has made it illegal for a clerk to sleep in a drug store. Thanks now and for ever to the influence that induced these men to do this kindly act. We raise our hat to the legislature of New York. Our mind goes back thirty years, and we see again the miserable cot where year after year it was our part to sleep in a drug store. We feel again the weight of that drug-laden atmosphere that sapped our life and sucked our vitality. No breath of fresh air could come to that back corner where the poor drug clerk drew that mixture of noxious vapors into his lungs. The suffocation of those nights is yet a sensation. The real barbarism of those incidents is yet a reality. The man who tries to force a drug clerk to sleep in the drug store should, by act of the legislature, be made to either provide a proper place or close his store. Let us hope that the New York law may prove effective, and may pass from State to State until in no place are clerks subjected to such abuse.

J. U. L.

THE REACTION OF MIXTURES.

The Stringtown poison case has proven to be a source of great interest with our pharmacist friends. The pharmaceutical journals are filled with the trial scene of Samuel Drew, and the reaction of the mixture of morphine and hydrastine. And now before the New York State Pharmaceutical Association comes Professor Jos. L. Mayer, and gives a list of alkaloidal reactions of hydrastine mixtures as follows:

Aconitine, brown.	Heroine, violet to purple.
Atropine, pinkish.	Homatropine, pale yellow.
Berberine, greenish brown.	Hyoscyamine, dirty white.
Brucine, light, brown.	Morphine, violet white.
Caffeine, dirty white.	Pilocarpine, light brown.
Cinchonine, dirty yellow.	Quinidine, light green.
Cinchonidine, dirty white.	Sparteine, greenish yellow.
Cocaine, unaffected.	Strychnine, dirty white.
Codeine, pinkish.	Veratrine, royal purple.
Digitaline, mahogany.	

Concerning which he closes as follows:

"When we consider the sharpness of the reaction with the simplicity and ease of application, it becomes apparent that Lloyd's test of morphine is one worthy of a place among the alkaloidal color reactions."

But our object is not to refer to this fact, but rather to use the fact as a text. Prof. Thomas, some time ago, asked us why, if such a change in chemical characters resulted, there might not be as marked a therapeutical change? To this we replied that it is not only possible but a fact. Mixtures are not identical with the original drugs. One of the principles of the Eclectic school is that of simplicity in prescribing. We learned by experience that our compounds of the olden time could not be given for the direct effect of the single drug. Whoever mixes drugs must expect not only the modified results of the drugs that influence each other, but the altered results of the drugs that disturb each other chemically. New compounds are formed, original constituents modified, decomposed, lost. By these re-arrangements the old goes out, the new comes in, and often the expected results are not only not obtained, but altogether different returns are seen. These facts the early Eclectics discovered by experiment, not by theory; these facts led them to discard their complex dosing and study the effects of simple remedies given for a direct purpose. This we believe to be rational medication. J. U. L.

FERRI ACETAS.

Great sums of money have been spent— are being spent—in search of a preparation of iron that will answer all purposes as a medicine, and be followed by no bad results. To our knowledge the grand ideal has not yet been found. In our opinion, iron preparations, like all others, must be chosen to suit the case in hand. In a few cases the tincture muriate of iron, in very common use and known to all prac-

tioners, will answer the purpose; and in a far greater number of cases Howe's acid solution of iron, best known to Eclectics—a solution of the sulphate of iron—will prove a very superior remedy, it being much more pleasant to take and having fewer bad after effects.

When neither of the above meets the demands of the case, specific ferri acetat is at your disposal, and it is a very fine preparation. Two drachms of the specific ferri acetat are added to four fluid ounces of water, and a drachm of the mixture is given once in four hours.

It answers all iron purposes—tonic, chalybeate, blood restorative, hematic, etc. The iron preparations are generally canvassed in chlorosis and anemia when there is great paleness of the surface of the body, of the tongue and lips, and of the inner surface of the eyelids. The tissues and veins are blue, muscles debilitated; there is an aversion to motion, and a pallor or transparency that can not be overlooked.

When these symptoms prevail iron is sometimes a remedy in malaria, in cachexia, and in the prostration subsequent to severe illnesses of any kind. It is frequently of value in amenorrhea, in leucorrhea, and in female troubles generally. The patient is weak, worn and pale, she aches, she does not want to move; she lacks color, energy, strength; she has vague pains in her limbs, her back, and in the top of her head, at the occiput and in the back of the neck.

Such is a general outline of iron indications; and while we use iron occasionally, we confess that we believe we could get along without it. Nux, muriatic acid, ipecac, colocynth, or indeed the indicated remedy, is the tonic and bloodmaker—the restorative.

W. E. B.

HUMULUS LUPULUS—Common Hops.

This has been for ages a very popular remedy with the laity, who use it in the form of an infusion, and usually with much satisfaction. Who of us has not frequently heard of the beneficial effects of "hop tea?" Like many other remedies, so with infusion of hops—it successfully meets cases and conditions that are not frequently overcome by alcoholic preparations. Hundreds of times, and always without regret or compunction, have we suggested the use of hop tea, with or without other remedies. It carries a soothing and relaxing effect that can not be obtained so readily through the use of alcoholic extracts. Of the specific medicine the dose is one drachm every one, two, or three hours. It may be given in water, or in water and glycerine, or simple syrup, equal parts.

The properties usually ascribed to humulus are, tonic, sedative, hypnotic, anaphrodisiac, and feebly anthelmintic, antilithic, antispasmodic and diuretic. The infusion excels the specific medicine in diuretic action. Excitation and irritation are the guide boards to the prescription of humulus. We deem it a superior remedy in brain and nervous and mental disturbances. It lessens tremor, overcomes sleeplessness and restlessness, restores peace, quiet and relaxation. It may be given with confidence in any disease with these indications.

Besides the above, humulus materially affects the genito-urinary apparatus. Its action is very satisfactory and pronounced in cases of simple or gonorrheal urethritis, in which there is great excitation or irritation. It quickly relieves priapism or chordee, and lessens the hot, stinging pain or burning and strangury. When there is much sexual excitement or irritation, humulus is a worthy remedy for spermatorrhea and for nocturnal seminal emissions. As a sexual depressant, or anaphrodisiac, this remedy surpasses *salix nigra* aments in those cases in which there is so much hyperesthesia and irritation.

In some cases of hysteria, and in dyspepsia due to abuse of the stomach, and as a remedy for general debility, the tonic effects of hops are frequently the stepping stone, as it were, to ultimate recovery. A strong hop tea well peppered with capsicum, or common red pepper, is a far better and safer remedy for delirium tremens than chloral, the opiates, etc. If preferred, lupulin and powdered capsicum may be used for this purpose, and may be given in a capsule.

Locally, hops moist and warm, or in a hot and dry state, are used for various pains and inflammations, for neuralgias, rheumatism, etc. Hop pillows, hop poultices, etc., are in common use and need no notice here.

Some physicians not acquainted with the strength and stability of specific humulus, prefer lupulin, the pollen or glandular powder obtained from the strobiles of the hops, but it is not at all a fair substitute. It is recommended for the same purposes and is given in from two to five grain doses. We do not use it to any extent. W. E. B.

GALIUM—Cleavers—Goose Grass.

This is an old remedy, and we believe a useful one. Its praises have been general and generous. It should be given discriminatingly. It is *the* remedy for acute cases—those in which there is excitement, irritation, fever. By older writers it was termed a refrigerant diuretic. Hence it should not be given when the patient is cold, depressed, below par. It is also said to be aperient, alterative, and antiscorbutic in its action. In these directions we believe that we have better remedies, and we recommend especially the use of galium as a remedy in urinary and genito-urinary diseases. And in form the infusion is to be preferred to all other preparations of the plant. Next to it is the specific medicine, of which half a drachm to a drachm may be taken four times a day in plenty of water. The infusion may be made by adding two ounces of a good herb to a pint; steep, strain, and give one to three ounces every two to four hours.

Galium is an excellent remedy in dysuria, in strangury, in prostatitis, in cystitis, etc., when there is fever and irritation. There is no better nor more certain remedy for that distressing burning and scalding of the urine that is so commonly met with, especially in females who have persistent leucorrhea, due to uterine troubles. The relief

obtained through galium is very gratifying. It relieves quickly the *ardor urinae* of gonorrhea and kindred troubles. It increases the flow of urine, relieves irritation, lessens pain. It is a remedy in certain cases of nephritis, etc.

Galium has a reputation as a remedy for cancer, and it is recommended that it be given internally and used locally in the proportion of one part of the specific medicine to three parts of water or glycerine. We have had no experience with the remedy in this disease. Its diuretic action makes it valuable in the treatment of ascites, or dropsy, and in jaundice, etc. From its alterative and antiscorbutic reputation, galium has been highly recommended in the treatment of scrofula, and the scaly skin diseases of scrofulous origin, and in scurvy.

W. E. B.

CORNUS FLORIDA—Dogwood.

Writers upon therapeutics seem to agree pretty generally that dogwood is about the best native substitute for quinine, and that many times it can be given with great satisfaction, when from idiosyncrasy or other cause, the quinine can not be administered. The fresh bark is not the best from which the remedy should be prepared. Partial drying removes from the bark a griping or irritating part of it. The specific medicine is the standard preparation. Of it a fluid drachm may be added to four fluid ounces of water, and of the mixture a teaspoonful be given every one to four hours.

The properties ascribed to dogwood are tonic, astringent, stimulant, antiperiodic. It is recommended as a general tonic, and it is said that it increases both the strength and frequency of the pulse or heart-beat. It may therefore be a remedy of value in any case of exhaustion or depression. It is especially praised for its action as an antiperiodic, and as such may be given in any disease with marked periodical exacerbations. We do not say that it is the equal of quinine for this purpose, but it may occasionally, under certain circumstances, be used in its stead. Dogwood may be frequently used with benefit in miasmatic and typhoid fever, when periodicity is marked. (There are better tonics.) It is recommended highly in pyrosis, and in headaches due to large doses of quinine.

W. E. B.

ORIFICAL SURGERY.

The fifteenth annual class for instruction in orificial surgery will be held in Chicago during the week beginning Sept. 16, 1901, and will consist of a four hours daily session. For particulars address

E. H. PRATT, M. D., 100 State St., Suite 1203, Chicago.

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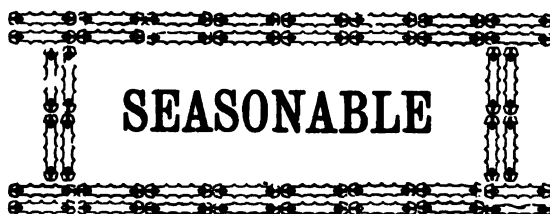
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BOOK NOTICES.

PRINCIPLES OF SURGERY. By N. Senn, M. D. Third edition, revised, with 230 wood engravings, half-tones, and colored illustrations. Royal octavo, 714 pages, cloth, \$4.50 net. Philadelphia: F. A. Davis Company.

That a surgeon should base his treatment of surgical diseases upon a thorough knowledge of the fundamental principles of the art and science of surgery, has been proven to be the only sure way to a very successful career. To burden the mind with numerous details and plans necessary to meet the emergency cases of different kinds as they arise, is a very laborious task, but if a preparation to do surgical work is obtained from a general knowledge of its fundamental principles, the task will be much simplified. The author has written this book, keeping in view this particular phase of surgical knowledge. He deals quite exhaustively with cell life as seen in regeneration and inflammation, and shows, as far as it is possible to do so, the etiological relations between certain pathogenic micro-organisms and definite pathological processes. Besides this particular presentation of surgical subjects, the author treats them additionally in a general way, making the book very instructive and useful to all classes of physicians.

J. R. S.

OBSTETRIC DIAGNOSIS AND TREATMENT. By Dr. O. Shaeffer. With 122 colored figures on 56 plates, 38 other illustrations, and 317 pages of text. Philadelphia: W. B. Saunders & Co. Cloth, \$3.00 net.

This is the second revised edition of this work, improved and considerably enlarged. The colored plates are works of art, of most beautiful design, and illustrate in a most remarkable manner, the physiology of pregnancy, labor, and the puerperium, as well as the pathology and treatment of incidental diseases. Facing each figure

is a well defined, concise descriptive text, covering every subject included in detail. Any one desiring something on the order of an atlas along these lines, will do well to secure this, as it is equal to the larger works published on the subject, and much cheaper. R. C. W.

LABOR AND OPERATIVE OBSTETRICS. By Dr. O. Shaeffer. With 14 lithographic plates in colors, and 139 other illustrations. Philadelphia: W. B. Saunders & Co. Cloth, \$2.00 net.

This work, by means of the beautiful colored and lithographic illustrations, most clearly describes the various presentations, positions, and mechanism of normal and preternatural labor; also the numerous instrumental and manual obstetrical operations. The accompanying texts are so arranged as to give a brief but comprehensive treatise on every subject included. This is one of the set of Saunders' Medical Hand Atlases, and we commend it as one of the best. R. C. W.

CLINICAL PATHOLOGY OF THE BLOOD. A Treatise on the General Principles and Special Applications of Hematology. By James Ewing, M. D. In one handsome octavo volume of 432 pages, with 28 engravings and 14 full page plates in colors. Cloth, \$3.50 net. Lea Brothers & Co., Philadelphia and New York.

This is a text-book on a subject with which very few practitioners are practically acquainted. The rapid advance in our knowledge of the blood, in the past few years, has been wonderful, and it is a subject which is coming to the front in interest in great strides. The paraphernalia required are rather expensive for the ordinary physician, and so we find specialists doing a great deal of the required blood examination; but a little study and practice can fit any person to send specimens for examination. The book contains chapters on technique, chlorosis, leuhemia, fever, Widale test, hemorrhage, and the different parasites, including malaria, relapsing fever, etc. The plates are excellent. The book will repay any one for the reading, while for the student it is an excellent text-book. It contains all the knowledge of the blood, both normal and pathological. G. W. B.

THE ACUTE CONTAGIOUS DISEASES OF CHILDHOOD. By Marcus P. Hatfield, M. D. 142 pages, price \$1.00 net. G. P. Englehard & Co. Chicago.

A valuable little work of eight chapters on the contagious diseases of childhood, each chapter being devoted to a disease. The author has succeeded in placing before the reader an astonishingly large amount of valuable information in a very small compass—just the book for a busy man. R. L. T.

ERRATUM.—The price of Prof. Reed's Gynecology, which was reviewed on page 341 of the June issue of the Journal, which was erroneously given at \$2.00, should have read \$5.00.

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"During the recent summer, I believed I saved the life of a little negro boy by the use of Echafolta and this remedy alone. He was about four years old, and his surroundings were of the most unsanitary character and his nursing the poorest imaginable. In spite of these unfavorable conditions he recovered after an exhaustive disease lasting more than two months. The trouble began very much like a case of continued fever; but of a low type. He continued to get worse and about the second week experienced an alarming condition approaching collapse. The heart action became very feeble and intermittent. Following this depression came an exhaustive diarrhea of a choleraic character. I easily controlled this diarrhea with rhus aromatica. At this juncture septic infection became evident and the lungs were involved with a pneumonia of quite pronounced severity. I then began administering ten-drop doses of Echafolta. This had the effect of mitigating the symptoms considerably, and in a few days his condition was so much improved that I stopped the remedy, and then the symptoms became greatly aggravated. I again resumed the Echafolta, when a complete change for the better took place, but it was followed by another profuse diarrhea and I discontinued the Echafolta and again controlled the diarrhea with rhus aromatica. At this stage of the disease (third week) circumscribed, inflammatory swellings appeared on various parts of the body. These were sluggish, and, at first, quite painful, but soon developed into abscesses and would break spontaneously, discharging a sanious and offensive pus. The abscesses continued throughout the course of the disease (ten weeks) and numbered at no time less than six, appearing chiefly near the joints, on the neck, in the groin, on the back and one on the scalp. Feeling convinced at the time that Echafolta was the only remedy administered that seemed to hold the disease in check, I put him on ten-drop doses every three hours and kept him on it until complete recovery took place. From what I observed in this case I believe that the boy could not have lived without the remedy, for whenever it was discontinued he became alarmingly worse, and whenever it was resumed, his condition became better so promptly that I could attribute it to no other cause. The boy to-day is strong and hearty and shows no ill effects of his serious illness."

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PROF. J. M. SOUDDER, M. D.,

WITH INDEX ARRANGED BY

PROF. W. E. BLOYER, M. D.

FOURTH EDITION.

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EDITORIAL FROM E. M. JOURNAL.

COLLEGE AND SOCIETY NOTICES.

We are glad to be able to record the fact that one of the oldest members of the Ohio State Eclectic Medical Association, which has just closed its 37th annual meeting at Put-in-Bay, said very forcibly upon the floor, when discussing the next place of meeting, that to his knowledge "*this is the best session the society has held in thirty years.*" We are glad of it, and there were reasons for its being a good meeting. The officers worked like Trojans, and they were there to push it along. (Clotts was the only absentee.) And the younger men of the State took an active interest and part in the work. Do you know that for society purposes there is no need of better papers than were those of Foltz, Madden, McKittrick, Taylor and Moore, in the section upon Eye, Ear, Nose and Throat; and in Obstetrics and Pediatrics, Dickey and White did nobly. In the Materia Medica, Therapeutics, and Specific Medication Section, the papers by Kirkland, Hunter, Hollingsworth, Schiller and True were excellent, and Dr. True, in his paper upon Apocynum, made some very profitable points for the users of the drug. Heretofore the Surgical Section occupied a great deal of time. This year it came down from its high perch, and the paper of Dr. Harding kept it from being a dead one.

In Pathology and Practice the young fellows had another inning, and made a score that beat the vets. Postle did nicely upon Dyspepsia—a real good paper—and we never heard a better paper from old or young upon Small pox than was that of Dozer. In discussing it Gage from Kenton made a very nice little talk, and from it one would know that he had much experience. Deem, as usual, read a good paper, and it is unnecessary to mention Lloyd, as he always entertains; but Sutter upon Apoplexy took the cake the last day. His paper was clean, clear, and a good one. Dr. Mundy gave the best time possible to the Clinica, and the cases were more satisfactorily presented than heretofore. Yet there were some who ran in on one boat and away upon the next. Next year let it be fully understood that no clinic will receive any attention that is not present at the time set apart for clinics. They are to be benefitted. Why should they ask that sessions be disturbed and workers distracted simply for their accommodation. If they do not come at the proper time, let them go unnoticed.

The officers for next year are as follows: President, Dr. S. Schiller, Youngstown; Vice Presidents, Drs. C. G. Smith, Cincinnati, and R. Dickey, Lima; Rec. Secretary, Dr. W. S. Turner, Waynesfield; Cor. Secretary, Dr. W. N. Mundy, Forest; Treasurer, Dr. R. C. Wintermute, Cincinnati. In selecting the place of meeting for next year, Put-in-Bay received 27 votes, more than all other places in nomination combined. This is right, as Put-in-Bay has a thousand advantages—rates, pleasure, water. We always do good work and have a

good time at Put-in-Bay. There are some members, however, who still think that the Association should be carted to interior towns in order to pick up as members those who never get out to the meetings because they will not spare the money or the time necessary to go to the place usually selected. We held three consecutive meetings in Columbus, and did not get many of them; we held it in Youngstown, and the same result followed. Personally we are not in favor of carrying the Association to remote places to pick up struggling stragglers as members; and the opinion grows with us that the man who attends when convenient, and will spare neither money nor time to attend, otherwise is a weak brother, and not an excellent wide-awake physician, and will not make a good live member. We have succeeded in getting in a few such. They pay their initiation fee, and then drop into arrears for three or four years, when it becomes cheaper to resign than to pay back dues, and occasionally they do this. Why we could name fellows who have joined at least three or four times since we joined. A live doctor does not need urging to go to the Association, and don't ask the Association to go to him, and the Association should be glad to steer clear of the dead ones—the fellows who lack life and energy. He can not help himself nor the Association. All we have here said is to be taken without pepsin and digested for next year.

Dr. J. C. Culbertson, editor of the *Cincinnati Lancet Clinic*, was enjoying his vacation at Put-in-Bay, and spent a part of each day at the meeting. The pleasure was mutual, and the remarks he made upon several occasions were happy and duly appreciated. When hunting a *man*, you do not need a candle to find Dr. Culbertson.

The society unanimously resolved that its Committee upon Legislation, etc., recommend to the Governor of the State of Ohio the re-appointment of Dr. W. T. Gemmill, now the President of the Ohio State Board of Health, and whose term soon expires. He is a good man and does us credit. The only objection we have to him is that he would not get into the discussion upon small-pox at the State meeting, and allow us to josh and jolly the State Board and small-pox through him a little bit. But he will do. There were over 80 physicians registered, and the wives numbered nearly 50. W. E. B.

The State Eclectic Medical and Surgical Society of Michigan convened at Hotel Imperial, Petosky, Mich. July 10, 11.

The meeting was called to order by 1st Vice-President, R. H. Blaisdell, M. D. After calling the roll, an informal discussion was held until such time as the President Z. L. Baldwin, M. D. should arrive. The courtesies of the floor were extended to the writer, and a request made to give the methods pursued by the Ohio Society in dealing with unethical members. At the afternoon session the president read his address and the reports of the Treasurer and Secretary

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AND ITS TREATMENT.

MANY PHYSICIANS are often at a loss to know what to prescribe for Hay Fever. Experience teaches them that a remedy which has given relief in one case may prove absolutely ineffectual in another. Attempts to cope with this prevalent and perplexing disease have been, so far as many practitioners are concerned, a series of experiments. We believe therefore that the profession will welcome the advent of our Solution Adrenalin Chloride and other suprarenal preparations as promising to solve what has heretofore been a very serious problem.

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were read. A paper on Pelvic Inflammation by J. C. Bostick, M. D. was followed by considerable discussion, being participated in by Wm. Bell, R. H. Blaisdell, and Prof. Farnum of Chicago. The paper by J. W. B. LaPierre, M.D., on Suggestion in the Practice of Medicine, brought out remarks from Drs. Conklin, Morgan, Prof. Whitford of Chicago, and Foltz of Cincinnati.

The report of a case of gonorrheal ophthalmia by J. D. Peters, M. D. in which the use of sp. echinacea in addition to the usual line of treatment had appeared to hasten recovery, led to quite a general discussion regarding the relative merits of sp. echinacea and echafolta.

The remarks of the President of the State Board of Registration in Medicine, Wm. Bell, M.D., giving the methods of work in re-registration, gave a good idea of the work required under the new law, and also showed the methods adopted to weed out objectionable characters. The report showed that the eclectics had between two hundred and fifty and three hundred physicians in the state. The eclectic members of the board have taken steps to have ten thousand copies of the names and addresses of eclectics in the state printed for distribution, and expect that in two or three weeks they can be obtained from the secretary of the board.

The presence of the secretary of the Michigan board on the second day, was a pleasant feature, especially as he read an interesting paper on the history of medical legislation in Michigan.

The election to honorary membership of professors H. K. Whitford, M. D. and E. J. Farnum, M. D. of Bennett College, and Kent O. Foltz, M. D. of the Eclectic Medical Institute, was followed by remarks on early eclecticism by Whitford, the needs of modern eclecticism and pleas for the support of the state societies and eclectic colleges by Farnum and Foltz.

The papers presented were all above the average, and with such genial men as Bell, Baldwin, Conklin, Peters, and the elected Pres. John W. Cosford of Mancelona, and F. B. Crowell, of Lawrence, as secretary, the prospects for a successful meeting next year are assured.

In point of numbers the meeting this year was not what was expected but in the work performed and enthusiasm it was a success.

The time and place for the next meeting was left in the hands of the Committee.

K. O. F.

The annual meeting of the Tennessee Eclectic Medical Society was held at Chattanooga June 17, just the day before the National. A very interesting program was observed, and quite a large delegation was present. The following is the list of newly elected officers:

W. N. Holmes, of Milan, President; J. G. McClelland, of Blountville, 1st Vice President; E. H. Byrd, of Sherman Heights, 2d Vice President; J. W. Pruett, of Hickman, Corresponding Secretary; J. P. Harville, of Nashville, Recording Secretary; G. M. Hite, of Nashville, Treasurer.

American Association of Official Surgeons.

The American Association of Official Surgeons will hold its next annual meeting in Chicago about Sept. 18th. Although quite separate, Prof. Pratt's Clinic will be held the same week, beginning Sept. 16th. To those familiar with official methods and their practical application to cure chronic diseases no special appeal need be made other than to urge their presence or attendance at this meeting, as it promises to be one of the best held since the organization of the Association. Lectures and papers have been promised by some of the most prominent medical men of the country. The discussions will be lively and interesting and our knowledge of the work will be brightened and widened. To those who are not familiar with official ideas and theories and practices, we can say that there can be no more auspicious time to gain a practical knowledge of official surgery than at this meeting of the Association. The whole field will be brought within reach. Due attention will be given to preparatory work, and fundamental principles thoroughly expounded and illustrated by some of the brightest surgeons of this country. Due attention will also be given to after-treatment, therapeutical and otherwise. Papers and discussions will embrace the whole idea and give the sum and substance of more than fifteen years work along lines that have yielded prodigious success to the surgeon and general practitioner. No live physician can now afford to ignore official surgery or be absent from this meeting.

W. E. BLOYER, M. D., Cincinnati, Ohio, President.

HENRY C. ALDRICH, M. D., Minneapolis, Minn. Secretary.

PERSONALS.

Dr. A. E. Bennett is now located at Lewis Center, O.

Dr. J. R. McNinch, E.M.I.'01, has located at West Alexander, Pa.

Dr. H. M. Pressler has changed from Helmer, Ind., to Cullum, Ill.

Dr. E. E. Zollman, E.M.I.'01, has located at Rockford, O.

D. L. R. Riggs, E.M.I.'01, is in business at 4 E. Eighth street, Cincinnati, O.

Dr. B. K. Jones, E.M.I.'89, Kenton, O., recently performed another successful laparotomy.

Dr. G. W. Berry, E.M.I.'94, does well at Union Furnace, O.

Dr. S. H. Deck, E.M.I.'01, is at Bath, Pa.

Dr. E. P. Whinrey, Muncie, Ind., will be glad to direct some good Eclectics to fine locations in railroad towns near that place.

Dr. E. B. Davis, of Northampton, O., can locate a good Eclectic in an excellent place.

Dr. J. H. Herring, Bennett, '78, is flourishing at Eau Claire, Mich.

Dr. W. W. Wheat, E.M.I.'99, has found his mecca at Mecca, Ind.

Dr. W. F. Bogart, Amer. Med. College, '83, is doing nicely at Cleburne, Texas.

Dr. H. H. Michner, E. M. I. '93, is one of the most prominent physicians at Wichita, Kan.

Prof. E. H. Pratt, M. D., the eminent surgeon of Chicago, was elected President of the Illinois State Homeopathic Society, at its recent meeting in Chicago.

Dr. J. H. Hazen, E. M. I. '81, has an excellent business at Titusville, Pa.

Dr. C. N. Neldon, E. M. I. '01, has located at Coshocton, O.; Dr. E. H. Mercer at Grand Rapids, O.; Dr. R. F. Whitacre at Galena, O.; Dr. Wm. Brodberger at 611 W. Seventh st., Cincinnati, O.; Dr. J. Wuist at Dayton, O.

Dr. E. T. Sager, formerly at North Lewisburg, O., is now located at 682 Mt. Vernon ave., Columbus, O.

Dr. W. J. Couch, E. M. I. '91, continues to do well at 455 Grand River ave., Detroit, Mich.

Dr. Charles G. Smith, E. M. I. '90, has recently removed his office and residence to 224 Dorchester ave., Mt. Auburn, Cincinnati, O.

Dr. W. R. Ruble, E. M. I. '87, is happily located at Oakland, Ky. He is anxious to locate a young Eclectic. Write him.

Dr. H. M. Bourne, E. M. I. '91, owns two or three farms near Frametown, W. Va. He is a hustler.

Dr. Jesse Hunter, E. M. I. '97, is doing well at Lockland, O.

Dr. I. M. Smith has removed from Kennard, Ia., to Argentine, Kan.

We see in the announcement of the Central Mennonite College, at Bluffton, O., that Dr. John J. Sutter, E. M. I. 1900, is teacher of physiology and Hygiene.

We are pleased to note that Moore's Hill College has conferred the degree of Master of Arts upon Dr. Q. R. Hauss, E. M. I. '87, of Sellersburg, Ind. Dr. Hauss is also President of the school board of the county in which he resides.

Dr. Geo. W. Johnson, of San Antonio, Texas, the newly elected President of the National Association, made a short visit to Cincinnati June 27th. He was returning from a trip East in company with Dr. W. N. Holmes, of Milan, Tenn., and Dr. M. E. Daniel of Honey Grove, Texas. Texas intends sending a large delegation to the next annual meeting of the National at Milwaukee in 1902.

FOR SALE.—Nine room house, large barn, population of town 1500, location central Ohio. Practice established 24 years, \$2300 to \$3000 per year, collections 90 per cent. For full particulars address Dr. B., care Eclectic Medical Journal, Cincinnati, O.

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LOCATION.—Good location at Asherville, Ind. For further particulars address with stamp Dr. J. H. James, Bowling Green, Ind.

DIED, at Sedalia, Col., Dr. Harrison E. Barker, E.M.I. class of '99.

DIED, at Gonzales, Texas, Dr. L. L. Beach, E.M.I. '79. Dr. Beach was one of the oldest and ablest practitioners in the State of Texas. He died at the age of 78 years from tuberculosis of the hip. The doctor was nursed in his last illness by his sister, Dr. Mary B. Morey, E.M.I. '99.

READING NOTICES.

It's a wonderful laboratory, this human body. But it can't prevent the formation of deadly poisons within its very being. Indeed the alimentary tract may be regarded as one great laboratory for the manufacture of dangerous substances. "Biliousness" is a forcible illustration of the formation and absorption of poisons, due largely to an excessive proteid diet. The nervous symptoms of the dyspeptic are often but the physiological demonstrations of putrefactive alkaloids. Appreciating the importance of the command, "Keep the bowels open," the physician will find in "Laxative Antikamnia and Quinine Tablets" a convenient and reliable aid to nature in her efforts to remove poisonous substances from the body.

ALETIS CORDIAL is an emmenagogue, not abortifacient. It cures congestion of the uterus and ovaries, and favors the occurrence of the menstrual discharge. It is also especially appropriate when the amenorrhea depends upon anemia. It regulates menstruation, and is useful in all the derangements of menstruation, namely, amenorrhea, dysmenorrhea, and menorrhagia, provided these disturbances be idiopathic. By curing menstrual disease, a common cause of sterility, it will also cure the sterility. It is also recommended in erosions of the cervix and vulvar eczema.

PROTAN, a new intestinal astringent introduced by H. K. Mulford Co. Protan is a definite chemical compound formed by the synthesis of tannic acid with nucleo-proteid, containing 50 per cent of tannic acid. It forms a light brown powder, is tasteless, odorless and entirely free from astringent action upon the mouth and stomach. It is insoluble in water, acid solutions or the gastric juice; does not coagulate albumen nor precipitate pepsin or peptones; is unaffected by the gastric juice, and passes through the stomach chemically unchanged; it is therefore entirely free from deleterious action upon the stomach and processes of digestion.

Protan first evolves its active astringent ingredient, tannic acid, when it reaches the small intestine and comes in contact with the alkaline pancreatic juice. Free tannic acid is but very slowly evolved from protan as it passes downward through the intestines, so that its astringent action is manifested throughout the entire intestinal canal.

This fact is verified by the appearance of minute quantities of both protan and tannin in the feces.

Protan owes its influence to the presence of tannic acid so combined that it reaches the intestines chemically unchanged. The astringent action of tannin, as all authorities agree, is due to the fact that it precipitates (coagulates) the albuminoid bodies of mucous membranes, which coagulation leads to an actual shrinkage of the structures, with constriction of the capillaries and diminution of secretion. When tannic acid is administered by the mouth, these changes take place in the stomach, so that not only is the gastric mucous membrane and the process of digestion seriously impaired, but the tannic acid is decomposed by the gastric juice into gallic and pyrogallic acids, which are non-astringent; hence, very little, if any, of the tannic acid reaches the intestines in a chemically unchanged (astringent) form. Protan, on the contrary, passes through the stomach in its original form and presents to the intestines a definite amount of tannic acid, chemically unchanged and actively astringent.

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Proper diagnosis alone does not imply success in treatment. Having made a diagnosis of Endometritis, Subinvolution, Vaginitis, Cystitis and other inflammatory conditions of the female genito-urinary organs, success in treatment is assured by the use of Micajah's medicated uterine wafers, because they combine all the properties essential in the management of these cases—viz. Antiseptic, astringent, alterative and antiphlogistic. No powder to spill or soil the clothing.

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VOL. LXL

CINCINNATI, SEPTEMBER, 1901.

No. 9.

ORIGINAL COMMUNICATIONS.

NOTES FROM MY PRIVATE HOSPITAL.

By Robert Hauss, M. D., Sellersburg, Ind.

IT is not an easy task to explain just what practical ability is, but that the man of practical ability surpasses the theorist is evidenced by the results of action on that line. The man who is speculative, and who in his study or with his pen in hand shows himself capable of forming large views of his existence, is very frequently unfitted for carrying them into practice. Vigorous thinking and vigorous acting are two qualities usually found in very unequal proportions, but as physicians we appreciate the necessity of both in the practice of our profession.

Results in the practice of medicine do not depend upon what we know abstractly, but on what we know and make use of. The deep labyrinths and fine subtleties of science are priceless kinds of learning, but fine sense and exalted sense are not half as useful as common sense. Intellectual endowments, as suggested, are priceless, but education must be regarded in the practice of medicine as a means, and not as an end. A shrewd and careful observance of men and things in general need not necessarily lead one from histology, microscopic anatomy, and higher diagnostics, but often the creation of a fondness for the mysterious and marvelous detracts from a knowledge relative to structures associated with accidents, operations, surgical affections, and the vulnerable seats of medical diseases. Ultra scientific knowledge will do less to establish you in the minds and the hearts of the people, than the successful treatment of your patients; in other words, the popular test for medical skill is curing the sick.

Individual experience has demonstrated to my satisfaction the value

of a private hospital as an adjunct. Particularly is this true from a surgical standpoint. In speaking of my private hospital, I wish to convey to your minds a cosy cottage, well lighted and ventilated, devoid of elaborate ornamentation, but where architectural details are so arranged as to facilitate the work for which the rooms are designed. The value of perfect cleanliness in surgery is recognized by all, but ignored by many. The most glaring inconsistencies are daily met with, when we consider the meaning of sepsis, asepsis and antisepsis.

Surgical sepsis means invasion of a wound by pathogenic micro-organisms, and tells a tale too often of filth and criminal carelessness on the part of the operator, assistants, or surroundings. We must constantly realize the fact that our work may bring us daily into contact with septic material, and that extraordinary care is necessary to avoid carrying infected matter from patient to patient. Be clean. Insure antisepsis by what way you will or can, but be clean. Hot air disinfection, steam disinfection, chemical antiseptics, all demand consideration, but it is not within the province of this paper to consider them at length.

The preparation of an operative surface is equally as important as the attention given to the surroundings of a patient. Some one has spoken of an "antiseptic conscience," and a fortunate thing it would be if all physicians and surgeons developed one. The amount of filth carried about by many physicians and patients is appalling, and an ordinary wash for doctor or patient will not answer.

For disinfection on this line, a thorough scrubbing with soap and water, as hot as can be borne, followed by an 80 per cent. alcohol bath, and finally washed with a one-half per cent. sublimate solution, will ordinarily answer the purpose. But when extreme care is indicated, as in abdominal work, the saturated solution of permanganate of potash, followed by the oxalic acid solution, should be used in addition.

In my experience of four years, in a large number of surgical cases, including several ovariectomies and hysterectomies, I have been fortunate enough to escape without a single case of infection, aside from bone tuberculous contamination, which was auto-infectious.

Speaking of bone tuberculosis recalls to my mind several cases which would be of special interest to you, as they were to me. No doubt you have in mind one or more unfortunates who have been treated for white swelling, tumor albus, scrofulous joints, chronic articular ostitis, epiphysitis, caries of joints, and so on down the line. These names must be discarded for tubercular bone and joint disease, and convey an idea of chronic conditions, a reduced condition of the system, and the successful inroads of the bacillus of tuberculosis and the destruction of the leucocyte.

I have not been fortunate enough to have a single case where quiet immobilization, iodoform injections, diet and medication, promised any permanent relief, and operative measures were promptly resorted

to unhesitatingly, regardless of the danger of mixed infection, secondary deposits, and general systemic disturbances. Without entering into detail or dwelling upon the technique of the operations I will enumerate the most interesting cases.

Case 1, a boy twelve years of age. He had been treated for bone erysipelas, and had been a cripple for five years as a result of dependence upon medicine alone in the management of his case. The astragalus was as soft as mush from decay, and the leg presented a gangrenous aspect. Removal of dead bone and constitutional treatment of echafolta and iron, soon gave him a leg he could walk on, and he soon developed into a promising, vigorous lad, willing and able to work when out of school to help support a large family.

Case 2, a young man of twenty. Had been a cripple seven years; was told by his physician that he would be all right as soon as he got his blood right. Removal of the middle third of the femur, with the exception of a narrow shaft of bone not yet destroyed, resulted in a splendid recovery and a sound leg. This young man does heavy farm work daily, and does not experience the slightest discomfiture from his trying ordeal.

Another case of bone tuberculosis in which fully two-thirds of the shaft of the femur was removed, illustrated secondary shock which frequently follows operations of this magnitude, and is particularly characteristic of this class of diseases. Six hours after the patient (a man of 22 years) had apparently made a good recovery from chloroform anesthesia, symptoms indicating speedy collapse were manifest. In these cases strychnine and whisky hypodermatically are to be resorted to, and the normal saline solution is simply indispensable. With this I have had success bordering on the marvelous many times. In post-partum hemorrhage, in collapse due to hemorrhage in placenta previa, it has done what borders on the truly wonderful. The report of another case of bone tuberculosis, will close on this line.

The patient was a man fifty years of age; the case of four years' duration. The seat of involvement was the left knee, including femur and tibia in particular. On March 21 a thorough curettement was done, but this failed to stay the ravages of the disease. It was only a question of a few weeks until the articular cartilages and ligaments were disorganized, and following an exposure of the cancellous structure of the epiphysis, a separation of the same took place in an almost incredible period. Considering a resection in this case as useless, I amputated the leg at the middle third of the femur, and then began a fight for life seldom witnessed. The patient had been thoroughly saturated with septic matter by absorption, and necessarily his vitality was low. For ten days after the amputation it was a succession of collapses and revivals, and although the stump was unusually healthy for one in his condition, he succumbed to the inevitable on the night of the tenth day. This patient had been treated for articular rheumatism, and was unfortunately a victim of dense ignorance for over three long years.

His suffering, associated with the septic development, dethroned his reason, and ended a useful and honorable life. The lesson in particular to be learned from this case is, that an early amputation, followed by a ten per cent. iodoform emulsion, would have prevented any further developments.

I had hoped to mention other cases of interest, but the length of my paper will not permit. In conclusion, I want to insist upon you as Eclectic physicians to live up to your opportunities, and develop your abilities on practical lines, of which the management of your cases in private institutions will be a source of satisfaction you can not hope to attain by sending your patients to crowded public institutions, where the treatment is often of an indifferent character, and you rob yourself of what is rightfully yours.

In my hospital work I have had very pleasant and profitable association with Dr. L. E. Russell, and my brother, Dr. A. P. Haus. There is scarcely anything within the province of surgery we have not wrestled with, and results have been, everything considered, eminently satisfactory.

As Eclectics we must embrace every opportunity that presents to develop our school on all lines. It is not only a question of striking while the iron is hot, but make it hot by striking.

THE PHILIPPINES AND FILLIPINOS.†

By O. G. Welbourn, M.D., F.R.C.S., formerly Long Beach, Cal.

INASMUCH as I am continually receiving letters from professional friends requesting information concerning these islands and their inhabitants, I have concluded that the subject is of more than transient interest to medical men, and worthy of a reasonable amount of the time of our society. I shall not attempt to go into the subject exhaustively, but rather content myself by just touching those features which most attracted my attention.

The climate of the Philippines, as a whole, is strictly tropical, as all of the islands lie well south of the Tropic of Cancer. However, we must not forget that an equality of latitude between two given places located in the tropical zone, does not mean any more than does an equality of latitude between two given places located in the temperate zone; and we who are living in Southern California know full well that there are other and possibly more important factors than latitude which must be included in that shot-gun prescription called climate. For instance, there is about as much similarity between the climate of Paris and that of Quebec as there is between the climate of Manila and that of Rangoon. And as the indigenous vegetation, animals and human beings all vary as does the climate, so we may expect to find

† Read before the Southern California Eclectic Medical Society, June 11, 1901. The author is still traveling around the world. He is now in Paris, France.—[EDITOR.]

quite a different condition of things on these islands as compared to the neighboring main land.

It has been written of the Philippines that there are three seasons, cold, hot and wet; but these terms are of value only in comparison with each other, and must not be construed literally. An American officer who had experienced the cycle said that it should read, "d—d hot, hotter, floods." But he was from San Francisco, and was probably comparing it with "home, sweet home." In November I found the weather in Luzon very much like the mid summer of the Ohio Valley, and I was informed that it was the usual *cold* season. By wearing a pith helmet and duck suit, and avoiding the mid-day sun, in accordance with the time-honored precepts devised for the guidance of an unacclimated man in the tropics, I suffered very little from the heat. I found that to walk rapidly for a few minutes will bathe one in perspiration, but the public two wheel carriages will carry you a great deal faster than you care to ride over Manila streets, and for an insignificant fare. The nights were not cold as in Southern California, neither were they hot as so frequently happens "back east." However, the bed of the country is well adapted to keep cool. It is four poster bearing an ornate wooden canopy, to the sides of which are hung mosquito netting curtains. There are no slats, no springs, no mattresses. The floor of the bed is made of woven cane quite like our open-work cane-bottom chairs. A sheet is spread over this, and a second does duty for cover. The outfit is completed by an ordinary pillow and a "dutch wife." The latter is a cylindrical bolster stuffed with some kind of cool vegetable fiber, and it is worn between the legs. It does not have cold feet, neither does it talk back. This bed is a marvelous combination of luxury and simplicity, and delightfully comfortable. Without this "sleeping machine" there would be a long-felt want in the Philippines. I understand that it was evolved in Spain. The native bed is a strip of straw matting spread almost anywhere on the floor. Ordinarily the little clothing that is worn is not removed when retiring, and no covering is needed. Each member of the family has a separate matting, and these are rolled together and stood in a corner when not in use.

The house of the common people is a two story structure, about 12 feet square, and a "lean to." The lower story is a pen with a bamboo fence wherein congregate the large live stock of the family, such as chickens, pigs, etc. The upper story is a hut thatched with leaves of the nipa palm, and consists of one room used for both living and sleeping purposes, and shared more or less equally and amicably by all of the members of the family and such small stock—spiders, fleas and bedbugs—as they may collectively possess. The "lean-to" is a roof, shading a small portion of native earth. Usually it contains an iron kettle and a wooden bench. This room is called a kitchen, and in rainy weather may also be used as a dining room. Ordinarily the dining room is any convenient shady spot out of doors. The frame-

work of this house is made of bamboo poles, and the floor of strips of the same wood braided together.

To an American just out these habitations seem indeed primitive, but he soon learns that they give a perfect protection from sun and rain, while allowing a free circulation of air. For hospital use they are much preferred over stone houses, for the latter have a cellar-like cool dampness which is very trying to one unaccustomed to it. The native in his house fears not the typhoon, but he has a great dread of fire. Composed as these houses are, of such combustible materials, a fire once started in a village soon leaves nothing but a thin layer of ashes. The principal articles of furniture of a native house are musical instruments. To a native intuition has been grafted a Spanish culture, and the fruit thereof is exceeding good. All kinds of instruments may be seen and heard, and it is not unusual to see a grand piano of best make occupying the half of an entire house. With music and dancing and amours many, the hours of youth pass quickly by, and reach with tropical suddenness the eventide of life. But even then the soul of the Filipino is not unresponsive to the dreamily tender love song, nor passes unheard the sparkling measures of the Castilian waltz. Of these things are the thoughts of the native woman as she squats on her heels in her light and airy house, and meditatively smokes a cheroot. Or if with friends, her garrulous tongue is never silent, and her laughter is unrestrained and joyful. From late morn until early night idleness and gossip are her only resources. She is apt to have teeth of a reddish brown color, caused by using betel nut, of which she is very proud. She wears a white cotton skirt, too long, and a loose jacket made of some white gauzy stuff, and cut so large in the neck that it is always down over one shoulder, sometimes both. She is not over modest of her charms, and a glossy, greasy skin is much admired among them. In the morning and evening she prepares the family meals, but as they eat such simple food, this task is soon performed, and of other housework there is practically none.

However, her liege lord works even less, for plenty of food is on every hand, and a pair of white cotton trousers is more of a luxury than a necessity. Of cold and starvation he knows not. He is contented with his country, and it is too warm to properly grow that Anglo-Saxon plant, ambition. He has not the slightest idea of the wonderful resources in the forests about him. Making no use of ebony, mahogany, antipolo, acle, teak and such woods, because of their hardness and heaviness, it is impossible for him to realize that other people may consider them valuable. To him the only wood of importance is the bamboo. This tree grows to a height of more than one hundred feet, and fringes the banks of every stream as does our willow. Its graceful curve of trunk pleases the artistic sense, while its delicately traced foliage lends a spot of color to the landscape which is charming to the eye. Swaying in the slightest breeze, it

bends to the ground before the typhoon, and stands erect amid the following scene of desolation. As a building material it is the only one in common use. Rafts, furniture, houses, roofs, scaffolding, baskets, hats, cups, spoons, knives and forks, are a few of the things made from it. The leaves make a good salad, and fried bamboo sprouts are a delicacy to even an American palate.

The food of the native is abundant and varied, but foreigners are prone to conclude that it looks strength-giving qualities, and usually over indulge in food stuffs from home. Experience in other countries has shown that the food of the native is well adapted to his climate, and it will probably prove so here. The Philippines afford a great variety of tree fruits, nearly all of which are eaten, and the cocoanut is a staple article of diet. The milk of a fresh cocoanut is very refreshing, and may be used exclusively to quench thirst. As it so frequently happens that the water of a locality is either naturally bad or contaminated, the cocoanut frequently proves very useful to the traveler. On every cocoanut plantation a few trees are set apart for the extraction of sap. It is collected every twenty-four hours, and usually drunk while fresh. If allowed to ferment it becomes unpalatable and intoxicating, and may then be distilled into the cocoa wine of commerce. Trees used for this purpose do not bear nuts.

The banana is also extensively used by the native. Even without cultivation this plant here grows to an astonishing size, and produces an abundance of fruit. There are many varieties, some of which must first be cooked. The pineapple is grown extensively for its fiber, which is made into the beautiful pina cloth that rivals the Bombay muslin in softness and delicacy of texture. For some reason the fruit is considered dangerous, and is not eaten by the natives.

There are many other varieties of edible fruits, but for richness and delicacy of flavor the mangosteen is unsurpassed. The staple article of native food is rice. All orientals know how to cook rice in a manner beyond the dreams of the occidental. It is usually eaten with a little fish and pickles. Large quantities are raised on the islands, but the importations from Saigon and Rangoon are increasing. The imported rice is sent to those districts given up to the cultivation of tobacco, and to the mines in Camarines Norte and Surigao, where coal of inferior quality is found.

For some reason the Spanish Governors have always discouraged mining, and as the natives do not take kindly to it, very little has been done. However, it may be safely stated that gold is quite generally distributed throughout the islands, while copper, iron, lead, graphite, quicksilver, kaolin, yellow ochre and asbestos are known to exist. Hot springs, mineral waters, and sulphur, naturally abound in the volcanic regions, and are extensively used by the natives to cure the sick. Mixed with a liberal amount of cant for the superstitious they are really quite efficacious.

The scenery of the Philippines has been described in glowing colors

by travelers who have visited these islands in time of peace. And while I did not consider it wise to stray into the country of the enemy, still I found many things of great beauty. The little brown huts perched among the lofty cocoanut palms, and shaded by the broad green leaves of the banana plants, make a fitting foreground to the purple mountains almost lost in the hazy distance; and the contented languor of a half nude woman dreaming in the shade of an oleander tree is not unpicturesque.

As to the origin of the Filipinos very little is known. They are supposed to have come from Madagascar to the Malay Peninsula, and later to the Philippines. The aboriginal tribes were driven into the hills, where their descendants still flourish in a more or less savage state, and the conquering tribes occupied the valleys. At the time of the discovery of the islands they were tilling the soil, and in other ways showed some advancement toward civilization. The modern Filipinos are a conglomerate race, whose fathers have come from Japan, China, India, and every nation in Europe. They appear to be of weak vitality, which, together with their ignorance of physiology and lack of sanitary regulation, must produce a high mortality. They do not often have malaria, and they pay no attention to small-pox. The latter is always present, and very few children are seen who are not pitted. It is seldom fatal, and they think of it as we do of measles—the sooner had the better. Quarantine is unheard of, and almost any day a stroll about town will show convalescent small pox patients. Vaccinated Americans seldom take it. Bubonic plague is sometimes epidemic, and is a severe disease among the Filipinos as well as other orientals. The study of the etiology and treatment of this disease is very interesting, but I will here only suggest that the injection treatment has not been the success anticipated. Very few occidentals are attacked with bubonic plague.

The disease which is dreaded by natives and foreigners alike is epidemic dysentery. It is caused by a special germ, usually found in the drinking water, and the disease is severe, protracted, and difficult to cure. Convalescence is slow and the mortality high. Cholera, yellow fever, and typhoid fever are seldom if ever seen. Leprosy is not uncommon among the poorer classes. Malaria is a scare word to the foreigner, for by this disease or dysentery he is frequently forced to leave the country.

There are some mountain resorts not far from Manila with a temperature similar to that of Southern California. They afford a delightful retreat to the well, and it is proposed to make them accessible to the invalid. Such health resorts are urgently needed, as it is now frequently necessary to send the patient to Japan. Then, if proper sanitary regulations be provided and enforced, the mortality among Americans in the Philippines will be lower than among Europeans in any other tropical country.

LOCAL CLIMATIC CONDITIONS.

By H. L. Henderson, M. D. Astoria, Oregon.

I BELIEVE that every physician when he receives a diploma from his alma mater, tacitly agrees to some time in his life, contribute at least a small portion of knowledge to the general stock of professional knowledge and understanding of his chosen profession. This he may do by reporting the action of some particular medicine; describing the result obtained by some special appliance or apparatus, some deduction obtained by observing the effect of nature's influences. Only by such means can an aggregation of opinions and results be formulated, conclusions reached, and thus our professional knowledge increased. The man who fails to do this, is a drone in the professional hive, eating honey for which he fails give or offer any equivalent. If the members of our profession were more generous in this way, we as a class would occupy a much higher position in the eyes of the world than we do at the present time; we would all be more successful in our daily work, and sickness and suffering would be shorn of many of its terrors. I do not believe that there is a single man in the practice of medicine today, who is not in possession of some knowledge that would be of some importance to at least some of his brethren, who for the lack of that knowledge is often at a loss to meet and overcome disease in some one or more of its manifestations.

I am led to make these observations at this time, because of the fact that some months ago, I contributed an article for the pages of this journal, dealing with the climatic conditions prevailing in that portion of our country commonly known as "The Pacific North-West", which brought out a perfect shower of letters from the members of the profession in all parts of the country, the tenor of all indicating that there was a great lack of information on these matters. We Americans are wofully ignorant of our own country. We go to Europe and the antipodes and study conditions as they are found there, but how seldom we see an article in one of our popular journals describing local conditions as they exist in some limited area of our own country. If this matter was given more attention, I doubt not that many human beings would have more hopeful vistas opened before them when disease lays its withering blight upon them, while as it now is, they are compelled to give up hope, because there is no systematic knowledge upon many subjects relating to nature's rules and influences that might be utilized in their case. Permit me to reiterate a statement made in the article above mentioned: I have no real estate to sell, no town site to boom, no other scheme to foist upon the profession, but simply to give the medical world the results of observations and deductions obtained, that I hope may be of use to some sufferer, or be instructive to some brother who wishes information on this line of thought.

The coast region proper of the "Pacific North West", is that portion of the country situated west of what is called the "Coast Range of Mountains". It is a narrow strip of country, varying in width from 25 to 50 miles, and immediately upon the Pacific Ocean. It is traversed by numerous streams that take their source from the low peaks of the coast range, emptying directly in the Pacific Ocean. By reference to a map showing the ocean currents, one will see that this coast is washed by the waves of what is called the "Japan Current", an immense river of warm water flowing through the ocean direct from the coast of Japan, very similar to that of the gulf stream as it appears in the Atlantic. This Japan current takes origin in the equatorial regions, thus being far above the average ocean temperature. The prevailing winds of this coast region, are, for the summer season from the north west, a trade wind, and for the winter season from the south west, a counter trade wind. Thus it will be seen, that all the winds that prevail over this region, come immediately from the surface of this warm Japan current, and at the same time they have traveled thousands of miles over the surface of the ocean, so that they have become supercharged with the numerous gaseous elements constantly rising from the surface of the restless sea.

The face of the country is covered with a dense forest of fir, spruce, cedar and other species of evergreens. The soil of the uplands is a firm, clayey, cement-like formation, not susceptible to the action of water. If an old tree in falling, excavates a large hole in the ground, many years will elapse before the elements will bring that excavation up to the common level.

The lowlands along the streams, is a soft, rich, black loam, very sandy in its composition, and very productive. The growth and density of the forests of this region, are beyond the conception of one who has never visited such a region: dense forest and the more dense undergrowth make it next to impossible for a human being to make headway through it. The summer temperature of this region, rarely goes above 70°, and the winter temperature rarely falls below 40°. The summer is characterized by clear skies and the northwest wind charged with the ozone of the ocean to a very high degree, while the winter is characterized by a maximum of rain, the precipitation averaging in the neighborhood of 80 inches annually, the southwest wind prevailing being also supercharged with the ocean ozone. This moisture and even temperature at once accounts for the dense forests and vegetation before mentioned. It must not be understood that the summer is what would be called dry, for on the contrary, although the sky is clear, yet the air is extremely moist, almost to the point of saturation, while rain will fall on an average of one day in perhaps fifteen. All these details are necessary as preliminary to an understanding of the peculiarities of the people, and as a reason for the seemingly paradoxical prevailing diseases.

The people as a class, are not subject to any diseased condition that might be ascribed to climatic conditions. People living in such climate as this, are characterized by a rosy, clear skin. Travelers are struck with and comment upon this condition. The moist atmosphere charged with the ocean chemicals, together with the even temperature, are sufficient reason for this condition of the skin of the inhabitants. Eczematous diseases are practically unknown. If I might be allowed to modify a previous statement, I would say that if there is any one class of diseases prevalent here, it is that of the urinary apparatus. Cystitis and catarrhal nephritis are more prevalent than any other class of chronic disease. I am of the opinion that the reason of this rests in the fact that a large part of the drinking water is of surface origin, not necessarily so but because of a lack of care in that way, and that surface water being practically a decoction of the roots of the trees and shrubs of the surface of the ground. It is the exception to meet with a person suffering with a dry form of nasal or bronchial catarrh. All such diseases are characterized by profuse watery discharges. It might be expected miasmatic diseases would run rife in this region; but such is not the case. Malarial diseases so-called are practically unknown. Here appears another peculiar condition: If a large tree falls on the earth, and in due process of time rots or decays, there is no residue left to mark the spot, or if that same tree is consumed by fire, the ashes resulting might almost be carried in the hand. The trees and shrubs seem to be almost entirely of atmospheric origin, so that when they are destroyed by decay, they seem to resolve into the original atmospheric gases, and thus no malarial poison is developed, or if such should develop it is at once counteracted by the chemicals of the air coming from the surface of the sea by the prevailing winds.

As to specific infections and contagious diseases, I will relate an incident that came to my personal knowledge as City Physician, which will show the general characteristics of those diseases in this locality. A certain dairyman, supplying milk to 120 families, delivering it daily, on a certain occasion had business calling him to an interior city. A few days after his return, having again taken up his milk route, he felt chills, fever followed with considerable suffering, but being of a phlegmatic makeup he resisted and refused the entreaties of his wife to stop his work of delivering milk to his customers. Finally after having been sick for several days, he became perceptibly better, then after two or three days respite he grew decidedly worse, then he consented to see a doctor. I was called and found him to be approaching the desicatory stage of a slightly confluent case of smallpox! Now the strange part of this story is in the fact, that not a single case of smallpox developed among the patrons of this man to whom he had daily delivered milk, and with whom he was in constant contact! Is there any other place in the world where such flagrant exposure would not have been followed by a perfect explosion of the disease? And why did not such an outbreak occur in the case mentioned? I think

the explanation is to be found in what I have mentioned before; namely, the high degree of saturation of the atmosphere with the chemicals from the ocean, all of which we know to be inimical to the life and growth of poisonous germs. What was true of this case, might be multiplied almost indefinitely in connection with diseases of like nature. Those germs can not live in an atmosphere of this nature. To the surgeon, this is a veritable paradise. Sepsis is extremely rare. I might relate numerous instances of surgical conditions where it would seem that sepsis must necessarily follow, but with slight care the wound at once would assume an aseptic condition, and healing by immediate union resulted. Neuroses are rare, yet insanity is common. I think this county will furnish as many cases of insanity as would be found in a county of ten times its population, in an eastern or middle state. The moisture prevalent at all times of the year, in my estimation, permits a free diffusion of that something which we call nerve force, electricity, or by whatever name it may be known, which we know is resident in the human body, rendering the people of this country very indolent and indifferent in their general nervous temperament. This diffusion of nerve force, finally brings about mental exhaustion, and insanity results. This is the only reasonable explanation, to my mind, which I can give of the prevalence of this unfortunate state, coupled with the further fact of a large percent of the population being of the foreign peasant origin. The man who would be troubled with insomnia here, must have a very troublesome conscience indeed. Epilepsy, chorea, and kindred affections are rare. I might continue throughout the category of diseases to which flesh is heir, but to the reader who is capable of drawing deductions, such would be superfluous. Here we have a certain line of conditions existing, and hence we have a lack of prevalence of certain diseases as a result of those conditions. In practical life, if we meet with disease manifestations, we may counteract their activity by bringing about artificially, conditions such as those which we know to be capable of neutralizing those conditions. We can not always have our patient under the influence of a natural sea breeze, such as exists here, but an artificial condition of the atmosphere of the sick room may be brought about that approximates the natural condition. We may prevent the diffusion of electrical force by insulation of the body to a limited extent. The spread of contagious diseases might be limited by bringing about artificially such a condition as prevails in this coast region. Sanitary science may some day reach that degree of perfection, and when it does, it must copy nature's methods if its efforts are crowned with success.

THE FLORA OF THE HUMAN BODY.

By E. Metchnikoff.

(Translated by M. E., assisted by Prof. Jeancon.)

[PRELUDE TO THE ESSAY OF PROF. METCHNIKOFF.—In presenting to the JOURNAL readers the very latest researches of bacteriologists, I wish to bespeak for the author of the accompanying essay a very careful reading and perusal of his researches, admitted by scientists as yielding the latest investigations up to the present date, reflected by the author in this essay presented to the British Medical Society, which awarded high encomiums to M. Metchnikoff.—L. E. R.]

Soon after his birth, man, born without microbes, yields hospitality to a colony of microbes, the number of which is believed to increase as the child grows. Science has not spoken the last word of this mainstay of the human body. One can depend on giving an approximate opinion that we harbor in the integuments as well as digestive tubes from 60 to 70 different species of microbes.

The skin is the least rich in microbes. The most of them belong to the variety of cocci, and have the hair follicles for the siege of predilection. In the mouth can be counted as many as 30 different species, of which the most characteristic are the leptotrix and the spirochaetes, which gather principally around the teeth.

The medium acid of the stomach is especially favorable for the development of these fungi. One can depend on finding as many as 30 species of aerobies (Coyen). The contents of the stomach, poor in cocci, contain a large number of sarcini of yeast and some bacilli. The small intestine harbors 14 different species, the most constant of which are the colibacilli and the bacilli of sour milk.

But the largest number of microbes in man are found in the large intestine, surrounding which 45 species have already been discovered. To give an idea of the richness of microbes in this region, recall that the adult man rejects per rectum 30 to 50 milliards of microbes a day.

Having stated the abundance of microbes in the flora of the human body, M. Metchnikoff inquired what is their function in the life of our organism? Is their presence useful or noxious? If the microbes of the skin are each one of them useful, those of the mouth have a certain function to perform to defend that region against local infection. The soluble products secreted by the microbes of the mouth place in this cavity a large number of leucocytes which play an important part in the rapid healing of wounds of the mouth.

Pasteur believed in an efficacious intervention of microbes of the intestine by the use of certain foods, but this intervention is not demonstrated. On the contrary, certain researches (Nencki and others) proved that the microbes of the intestines have nothing to do with the digestion of albuminous substances. On the other hand, it is known that the albuminous substances were very well digested in the complete absence of microbes.

If one were not able to prove the usefulness of intestinal microbes in the digestion of aliments, one knew several facts to the support of the theory that certain microbes of the intestine exercise an independent action; that is to say, they are not permitted to gather around other species of microbes dangerous for the organism. Thus the cholera vibron, fatal to the little rabbits nourished at the breast, is absolutely inoffensive, even a large dose, for the rabbit which was nourished with herbs at the beginning; then the large intestine became very rich in different species of microbes.

Bienstock supposed that the colibacilli and the bacilli of sour milk prevent the development of microbes from putrefaction, for it was believed that the milk which formed these two microbes was not at a putrefied point.

M. Metchnikoff asked if the presence of microbes is absolutely necessary to the life of the organism more than that it vivifies, as the scorpions and the larvæ of the diverse flies of which the small intestine is nearly sterile. Several scientists who wished to solve the problem experimented on some animals in the laboratory. Nuttall and Thierfelder succeeded in raising guinea pigs, taking them from the mother by Cæsarian operation, placing them in a sterile atmosphere, and feeding them on sterile food. The guinea pigs increased in weight to a less degree than those raised under ordinary conditions. At the autopsy they found their intestines devoid of microbes.

Another German scientist, Schottelius, wished to raise some chickens under the same conditions. On the 17th day he was obliged to stop his experiment, for the little animals suddenly collapsed. Thus the two experiments are contradictory, and can not as yet indicate to us if the presence of the flora microbes is absolutely necessary to the good function of our organism. But if we still possess a few irrefutable arguments in favor of the usefulness of the flora microbes in man, we have by contrast a whole series of precise facts which indicate all the evil that is produced by the microbes and their toxins. Regarding this point of view, the study of the presence of the intestine is of much interest.

From an experience already recited by MM. Nuttall and Thierfelder it has been established that the guinea pigs, the intestines of which were entirely devoid of microbes, produced no skatol nor phenol, but they found that the urine of these same animals was free from this when raised in the open air.

The scientists who have been able to study the flora intestine of man on these subjects having a fistule of the small intestine, they prove that indol, phenol, and other derivatives of these substances were not found either in the intestinal liquid, nor in the urine, as long as the connection of the small intestine with that of the large one is suppressed. But as soon as the normal course of the fecal matter has been re established, one sees immediately the appearance of phenol, indol, skatol, etc., in the urine. M. Nencki found equally that the

microbes of the large intestine secreted also sulphuric hydrogen and mercury with alcohol.

The greater part of the material secreted by the microbes of the intestine, and especially by that of the large intestine, poisons our organism. It is more than 15 years that M. Bouchard called the attention of the medical world to the important fact in creating the theory of auto-intoxication. This theory was vividly discussed at the congress of internal-medicine at Wiesbaden. The result of the labors of the congress that the auto-intoxication originated in the intestine is capable of producing a large number of diseases, those of the head, viz: fatigue, neurasthenia, certain forms of epilepsy, several affections of the skin, etc.

It is also actually known that a series of grave alterations of very important organs, as the liver, the kidney, the heart and the brain, could be caused by the microbes of the digestive tube, or by their toxins.

It is very interesting to state that the arthroma of the blood vessels could be attributed to intestinal microbes. M. Liguieres, and after him M. Nocard, have shown that bovine Pasteurelle, which provoked a disease especially devastating in South America among the calves, could occasionally in the long run be found among the natives, and was a special disease known under the name of "enteke" and characterized above all by the chronic inflammation of the pulmonic vessels and the calcification of the lung. These scientists could produce these same lesions in calves by injecting the pure cultured pasteurille bovine.

Without venturing to conclude that the calf and the man, other than that the pasteurille bovine is not a habitual and constant host of the intestine of the latter animal, it is, however, important to record this fact, that the microbes which choose the large intestine as their principal field of battle, could bring about in the long run the sclerose artery, which these animals attack.

We submit all our life to the noxious poisons secreted by the flora intestine. It is very interesting in opposing the fact to the acquired knowledge that man could very well do without a great portion of the digestive tube. In effect, the physiological experiment informs us that the animals on which was practiced the gastrectomy, continued to live. On the other hand, there existed at this time four diseases of which they relieved the stomach, and the digestion was not constrained by the absence of the stomach. M. Roux (de Lauzanne) declared at the last congress of Paris, that man could live with one meter and one half (39 by 19 in.) of his jejunum.

As regards the large intestine, we could do without it. The establishment of an artificial anus is at this time a common operation, largely to the patient's profit. The convincing proof that a person could live to be old and strong, deprived of the large intestine, is illustrated by the following curious case. A woman having passed her

50th year, presented herself to M. Ciemchowski (de Varsovie) for consultation. In examining his patient, the surgeon discovered an abdominal fistula, which according to her statement existed for three years. This affliction did not prevent the woman in question of endangering her life by a very hard labour, being married and having raised three children. After doing a laparotomy to relieve her of the fistula, M. Ciemchowski renounced this attempt, for he found the large intestine completely atrophied. Thus the large intestine is very dangerous to the intestinal flora, and its presence does not appear necessary to life. Comparative anatomy throws a new light on this subject, and brings out some very interesting facts.

Of all the vertebrates the mammals possess the greatest development of the large intestine, while those of birds are not generally so. It is necessary to explain the considerable development of the large intestine existing in mammals by the exigencies of the struggle for life; these animals are very often obliged to run very fast to escape their enemies, and to trap their prey; and during this time they are unable to discharge their intestine. Birds rarely possess a largely developed intestine, as for instance the ostrich and the casuary. On comparing the average longevity of mammals with that of birds it is an astonishing fact that the latter live the longest, while mammals die after a relatively short life. Ravens and parrots live from 60 to 100 years, but this longevity is exceptional to mammals. On the other hand, among the larger birds, we find that the ostrich and the casuary live only from 23 to 35 years. But it is justly found that these birds possess a large intestine. In general, the life of vertebrates, deprived of the large intestine, and not possessing much of a flora intestine, is much longer than that of mammals, in which the large intestine is strongly developed, and the intestinal flora is very rich.

To return to man, one is astonished by the statement of two peculiar facts: 1st, man is not immunized against the flora microbes; 2d, the natural selection is not detrimental to the large intestine, an organ absolutely useless and harmful. And yet natural history is not wanting in facts of the atrophy in the organs of animals, which renders them useless.

If the large intestine is not yet completely atrophied in man, it is because the natural selection goes on slowly. The fact is the more to be regretted that the large intestine is detrimental, not only in serving a good culture center for the flora microbes, hazardous to our existence, but still by the fact that this organ is often the siege of a series of fatal lesions, as dysentery, cancer, etc. We know whence the greater number of poisons come from which overwhelm us, making us old and feeble before the time. From this state of things, we learn the lesson to arm ourselves against our enemies that we carry within ourselves.

If it is still impossible for us to impede the evil in its origin, that is to say, rid ourselves by the hand of the surgeon of the large intestine,

it possibly depends on us to trace the program of research that we should bring about some means of discovering a rational contest.

An attempt should be made to make the intestinal tract antiseptic with different antiseptics. Or it is now proven (Stern) that the same method of administering naphthol, very much in vogue by the practitioners, does not at all diminish the quantity of microbes of the intestine.

The best means of getting rid of the flora microbes, is to do like the birds, that is to say, to get rid of the intestinal debris as soon as digestion is finished. To struggle against the microbes produced by the large intestine, it is necessary to prepare some microbic serum and anti-toxine contrary to the inhabiting species of microbes.

Finally we must not forget that if we wish to insure the organism against premature decline, we must also re-enforce the nobler elements of our organs. These researches were followed in the later years to the laboratory of M. Metchnikoff, and to permit the foreigner to aspire to that which is not impossible.

They have succeeded in preparing the cystoxines destructive to red globules of the spermatozoides, of the renal cells, liver, etc. Or, injections of very feeble doses, of these substances, instead of killing, only excite the function of the elements in question.

PRESIDENT'S ADDRESS.*

By John K. Scudder, M. D., Cincinnati, O.

AS a preface to my remarks I wish to thank this Society for the high honor conferred in selecting me for your presiding officer. During the past year I have endeavored to do my duty to you, as well as earnestly assist the other officers in promoting the many interests of your Society, and in planning and helping to make the present meeting the success I trust it will be—indeed, in every possible way endeavoring to fulfill the duties of my position.

For some reason a president's address is often a stereotyped one, dealing with compliments and platitudes. But there is no excuse for such in this instance, as just now certain conditions affecting medicine at large afford one an opportunity to speak on subjects of vital importance to our members. When we view broadly the status of Eclecticism in Ohio, as represented by the work of this organization, we discover it to be the result of the pains-taking efforts of the fathers of Eclecticism during the seventy-five years that have passed, and instead of speaking of things irrelevant, I shall first dwell on a few facts connected therewith that well deserve our thought.

How many of us realize fully the necessity for present and future work, in order that we may maintain our position and achieve even a modicum of the success to which we, as a school of medicine,

are entitled, and which, as a testimonial to the workers who have gone, we owe to posterity?

With less than two hundred energetic medical reformers in 1833, we now see over eight thousand well qualified and earnest Eclectic physicians in the broad and prosperous United States. And when I use the number 8,000 I speak advisedly, as that is our aggregate strength in reputable physicians—not 10,000 or 12,000, as is so frequently mentioned by physicians of our school.

During seventy years we have seen a score of colleges organized to teach our system of medicine, and it pleases me to state that nine are now prosperous and busily engaged in educating well qualified young men and women to fill the many gaps in our ranks. During this time about fifty text-books expounding our views concerning the various branches and subjects in medicine, have been written by our people, and about twenty-five are now published. Notwithstanding this, our literature needs enlarging. Ten new works have appeared in the last five years, while others are in course of preparation.

Ohio has always held the proud title of being foremost in matters Eclectic. This position we must maintain, but it can only be done by the individual efforts of each and every one. The burden of this work falls practically on the members of this Society. With 800 physicians in the State, Ohio leads in numbers; with 189 active members in this Society, we lead other State Societies in strength. Let us continue to lead by our good work.

Seventy years ago our adherents were known as Reformers in medicine. We are no less reformers to-day, and there is as much need of reform now as ever. We have originated and established Specific Medication; we are persistently continuing the development of our indigenous materia medica, but we must not stop. A great section of the practitioners of the dominant medical school in America are therapeutic nihilists, which is not less true of the regular profession in England and on the continent, where perhaps the majority are thus to be classed. There is work for us to do, for our medication is effective and a success, and we must inform the people, as well as members of the other school, that we have advanced as far beyond the methods we used when we warred on mercury, antimony and bleeding, as we were then beyond that system of medication. Now is the time for us to strike with our specific medication, and strike hard. We have now the golden opportunity to establish our fitness to exist as a separate school of medicine, possessed of a therapy that is a scientific success.

The people are now suffering by reason of the hap-hazard, heroic, vicious medication of the dominant school, and from the indiscriminate use of synthetic products of almost unknown origin. Regular medicine, hopelessly demoralized, is a complex blending of patents, synthetics, serum juices, and charlatanism generally—various unknown and untried death-dealing products, with the imprint, "Made in Germany." Gland extracts, toxines, antitoxines, serums, animal

juices have full sway and dominate that school. While it is unwise to condemn all this as an entirety, the fact is, substances which have no established place in any system of therapy tend to produce one great funeral, but the funeral is not ours.

It is a matter for congratulation to be able to say that few Eclectics have been led away from the use of established reliable agents and scientific methods, by the specious arguments of the fad followers and the fad makers. The issue before us is plain; never was it more direct; never had we an opportunity like this. As Eclectics we must teach the use of "small doses of pleasant medicines for their direct effect," "single remedies of established quality to meet and combat known pathological conditions, as shown us by well defined symptoms," and we must teach it to the dominant school just as our fathers taught that school how to abandon their heroic methods of the past. We must combat the wandering guesswork medication of the allopathic school, which has greater need for our help than ever before. In the near future we must further evolve and strengthen the principles of specific medication, and teach its beauty and effectiveness to the people, and force its adoption on the regulars, just as that same dominant school fifty years ago was forced to forego drastic measures and adopt milder ones. The question is, in some respects are not their present methods more devilish than past barbarisms? Are not the people more in need of our help now than when our fathers fought in their behalf? And in this direction it might be well to teach the people to know that Eclectics believe in medicine; that Eclectics have an effective system of medication, and that it is safe, pleasant, and scientific.

And now a word about associations. Medical societies are the bulwarks of our school. Their success has been our making; their neglect might be our unmaking. Since I joined the Society thirteen years ago, I have seen it advance steadily from an organization with a membership of less than a hundred, to the present membership of nearly two hundred, with large and enthusiastic annual meetings, and creditable annual bound volumes of our papers and transactions.

In active society work we have our conspicuous method of advertising ourselves, our school and our methods. "In union there is strength," and in organization there is progress. Where would we be as practitioners without local, state, or national organizations? They give us state recognition. Had we no recognized bodies of this kind to-day we would be out of legal practice.

Each of us owes it to himself and to his school to foster this society work. Each of us should endeavor the next year to secure one recruit for our society, and thus double our membership, and at the same time treble our usefulness.

While it may not be considered modest in me to mention particularly the work the Eclectic Medical Institute is doing, it is due this society, most of whom hold its diplomas, to say that our school, the

alma mater of most of my audience, is very prosperous. Our teaching is methodical, practical, progressive and effective. We teach a definite system of medication, and we have a definite system to teach. There is no milk-and-water mixture of catch-as-catch-can in our therapy. It is straight eclecticism, modern eclecticism, and our graduates win immediate returns. Qualified men and women only hold our diplomas, a fact conspicuously shown by their success before state boards, and more particularly their lasting success as practitioners. But while we place great stress on a knowledge of *materia medica* and practice, we do not neglect connected branches, particularly surgery. The Eclectic Medical Institute stands second to none in these directions.

A close alliance with the Seton Hospital, which will hereafter afford clinical advantage to our classes exclusively, is the offering we have for 1901. Our faculty will be glad to present to our classes medical or surgical cases that any of our members may be kind enough to place under our care, and do this creditably and successfully. Personally I shall take pleasure in showing any of our members our new hospital when they may visit Cincinnati, and on behalf of our faculty I promise you one and all considerate attention.

In closing I will again thank you for the high honor you have conferred upon me, and say that I most highly appreciate the fact that I have been elected to the position of presiding over this body of representative men this year, the beginning of a new century.

SKIN DISEASES.—SCROFULODERMA—Scrofulous Ulcer.

By E. H. Moore, M. D., Rew City, Pa.

[Continued from page 300]

SCROFULODERMA is an acute affection, in so far as it involves the skin, but it is always a secondary disease, resulting from either an acute attack, or an exacerbation of a chronic scrofulous condition of the glandular system.

Symptoms.—Scrofulous deposits may accumulate very slowly and perhaps cease to enlarge, remaining latent for months, at which time they may be absorbed and carried away, or may take on new activity, swell rapidly, forming hard masses of cacoplastic deposits about the glands. The skin overlying the involved gland now becomes violet in color, thin and glistening. There is an elevation of temperature and the pulse becomes rapid, but feeble. Digestion becomes impaired and there is offensive diarrhea. The face and chest are the usual seat of this affection although other parts of the body are sometimes invaded.

When the induration has become about the size of a hens egg, it will begin to liquify and fluctuation will be felt in some part of the mass. One or more purple spots now form, which in the course of one or two days break down and form deep ragged and irregular shaped ulcers. The edges of the ulcers are sloping, deep and a violet color.

The bottom of the ulcer is flat and covered, all but a narrow ring around the edge, with a yellowish or grayish exudation, the ring shows apparently healthy granulations. As the underlying cake liquifies, it is discharged from time to time through the base of the ulcer. When the broken down material has all escaped, healthy granulation of the ulcerated surface takes place, but the repair is very slow and unsightly cicatrices usually follow. In fatal cases, all symptoms become gradually worse and there is no attempt at repair of the destroyed tissues. I had a rather unusual case of this kind, the latter part of April, 1901, in as much as the child was only five weeks old. There was history of scrofula on the father's side. The child at birth had one joint of an extra finger formed, nail and all perfect, on the left hand. This was attached to the second joint of the little finger, on the outside, by about half an inch of a hollow tube of skin. I cut this off and bandaged the finger, which bled pretty freely. In a little over four weeks I was called to see the baby and found that an abscess had formed below and to the left of the left nipple; this had discharged and healed up. The right cheek and side of the neck had been swollen but had almost disappeared without breaking through the skin. The left cheek was swollen, but some fluctuation could be felt. Near the point of fluctuation, about an inch apart, two purple spots, about half an inch in diameter, had formed. The next day I found two deep, violet edged ulcers, about the shape of the figure 8, covered with a gray exudation. This condition lasted for three days, without much change, except that the swelling had gone down, when the child died. The temperature ranged from $102\frac{1}{2}$, to $104\frac{1}{2}$ degrees, the pulse from 140, to 160. I would add that the inflamed parts were quite sensitive to the touch.

Etiology.—This disease occurs in either sex, and all races. It does not usually appear until the child is two or three years old, but children are liable to it from infancy up. It is generally inherited from scrofulous or phthisical parentage, but may be acquired from cold, dampness, exposure, or poor and insufficient nourishment.

Pathology.—The scrofulous ulcer is secondary to the implication of the glands. The glands become infiltrated with cacoplastic deposits, enlarge, and by pressure on the surrounding tissues destroy adjacent capillary circulation. This destructive process continues until it reaches the skin, which becomes drawn, and the circulation constricted, when disintegration begins, usually on the external surface.

Prognosis.—The local manifestations are readily controlled, if the general disease can be removed. The majority of properly treated cases will recover. The younger the patient, the more danger, and especially if there is much increased temperature.

Treatment.—Cleanliness, fresh air, sunlight, moderate exercise, good woollen under-clothing and plenty of good nourishing food are the natural antagonists of this disease. Residence along the sea shore where sea-weed is decomposing is considered advantageous, which is

partly due to the impregnation of the atmosphere with iodine, which escapes during the decomposition of the weeds.

Local Treatment.—If the skin overlying a strumous deposit is intact, the disease product may be removed with a large sized aspirating needle, the cavity washed out with a 5 per cent solution of carbolic acid and injected with tincture of iodine 10 per cent to glycerine 90 per cent, kneading the parts thoroughly, in order that the fluid entirely cover the walls of the cavity. A much better plan is to make a free incision, scoop out the contents, cleanse with 50 per cent. peroxide and stuff the cavity with iodoform gauze, cleansing and putting in fresh packing each day until it is healed. If the ulcer has eaten its way through the skin, and pus and debris are being discharged, the cavity should be cleansed and packed. The margins and bottoms of slow healing ulcers should be destroyed with potassium hydroxide, pure carbolic acid, a strong solution of nitrate of silver, or stimulated with Mayer's ointment. Any of these applications will stimulate granulation, after which it is best to use soothing and antiseptic lotions, ointments, or dusting powders as the conditions may require. Where cicatrices are unsightly, and their removal seems to be justifiable, for appearance sake, they may be excised by making a long or elliptical incision, dissecting out the scar and drawing the edges together with sutures, adhesive strips, or pin, as used in operations for hair-lip.

General Treatment.—Where there is fever, the proper sedatives should be administered. If there is diarrhea, its exciting cause should be sought and removed, and as rapidly as possible the stomach and bowels should be put in the best possible shape to do their work. The indications are to increase waste and tone up the digestion and assimilating energies. For the former purpose, acetate of potassium, well diluted with water, is about the best remedy. The use of iodide of potassium is questionable, but may be used to advantage in removing caseous deposits. It should be given in milk. When there is an offensive smell, the chlorate of potassium will advantageously replace either of the foregoing. It is a good eliminator and braces up the activity of digestion. As a tonic, Shoemaker recommends the iodo-sulphate of cinchonine, which from a theoretical standpoint seems to be well chosen. Iron is much overrated as a blood maker, but acts well when plainly indicated, Howe's acid solution being about the best form. Cuprum will be frequently indicated. Fowler's solution, and strychnine are often useful. Internal treatment is directed to the general disease, which is scarcely within the province of skin diseases, or the intention of this article.

DISEASES OF PREGNANCY.*

By Nannie May Sloan, M. D., Latrobe, Pa.

A COMMON but annoying condition one often finds with the pregnant woman is a whitish discharge from the vagina, which often causes much distress by the itching and burning of the genitals. This is easily overcome by having the patient use a warm douche, with the addition of a little borax or some antiseptic. Add a few drops of carbolic acid and a little asepsin to warm water, and bathe the external parts; this will allay the itching and burning.

Ptyalism frequently occurs during the early months of gestation, and seldom requires any treatment. *Belladonna* is our remedy when one is needed.

Constipation is very common, and is frequently obstinate and troublesome. This is due to the compression of the gradually developing uterus upon the rectum, or to improper food, sedentary living, etc. Hemorrhoids are nearly always the consequence if the constipation is not attended to. Active cathartics should be avoided. Have the patient exercise, give more attention to diet, and if this fails give her a mild laxative.

Headache is also of very common occurrence. As to treatment, first find out just where the headache is, and treat accordingly. If periodic in nature we think of quinine; when localized, *rhux* or *bryonia*; throbbing, *belladonna*.

Convulsions are sometimes met with, and I know there is not a physician who enjoys treating a case of this kind. During my first year of practice, I had a case at the 8th month that almost made me wish I had never seen a medical college. But with the aid of my preceptor we pulled her through nicely. Our treatment consisted of hypodermics of *veratrum* gtt. xv, and teaspoonful doses of *passiflora* till the pulse fell from 130 below 100, and the convulsions ceased. Labor came on next day, and I delivered her with no trouble or return of the convulsions. Should a patient who is pregnant complain of swelling of feet or hands, you should at once examine the urine for albumen.

Palpitation of the heart is frequently found; this, though not dangerous, is very distressing, causing much alarm to the patient. For this we look to the bowels and stomach. If not due to any disturbance here, then we give some of our heart remedies. By pressure of the enlarged uterus upon the pelvic blood-vessels, the circulation of the lower extremities is obstructed, and this gives rise to a varicose condition of the veins. These usually disappear after delivery, except in some women of advanced age. They sometimes terminate in ulceration, giving much trouble.

* Read before the Pennsylvania State Eclectic Medical Society, June, 1901.

Hemorrhoids may be caused from something similar to the above, but more frequently from constipation.

One of the less frequent diseases is *prolapsus ani*; little can be done for this till after delivery.

Cramps of lower extremities may be relieved by change of position and friction over the affected part; also give internally *viburnum*. Sometimes we find a lax condition of the abdomen, and again just the opposite condition exists. During the latter months of gestation we find a very annoying symptom, incontinence of urine, which can only be relieved by delivery. The pregnant uterus is sometimes attacked with rheumatism, also with spasmodic action, causing the organ to move rapidly from side to side, which may produce premature labor, if not relieved. Movements of the foetus in utero are sometimes violent, causing alarm to the mother, sense of sickness, and much uneasiness. *Viburnum*, *pulsatilla* or *macrotys* are good for this; also the parturient balm.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

HOT WEATHER CATARRH OF THE NOSE AND THROAT.

This is not intended as another new term for the already over loaded nomenclature, but rather as a term that will "cover a multitude of sins" in the way of catarrhal conditions.

The recent hot, dry weather, with but little diminution in temperature at night has been a prolific cause of slight "colds", but with a more than usual amount of annoyance, although the symptoms as a rule have not been severe. The patients complain of a dry, stuffy sensation of the nose, little if any secretion on blowing, slight headache in the frontal region, occasional neuralgic pain over the eye, but is generally transient, and is "nagging" rather than "sharp". Some pain passing from the throat to the ear on swallowing, while at other times there nothing to indicate that there is any disturbance in the throat whatever. Some few complain of the throat feeling sore on getting up in the morning, but that it passes away in an hour or two. A slight huskiness of the voice is also present in some instances, but does not cause any particular annoyance.

These are the most frequent symptoms complained of. Inspection of the nares reveals a sodden looking mucous membrane, the relaxation of tissue often being sufficient to nearly close the respiratory passages, but there is an unusual lack of mucus bathing the tissues. Pressure with a probe will cause the tissues to pit readily, the pitting passing off almost as soon as the pressure is removed.

On examination of the throat, the velum will show the characteristic red band, the width and intensity of the color varying with the severity of the case. The faucial pillars, as a rule, are a trifle thick-

ened, although the tonsils may not be affected to any perceptible degree. The posterior wall of the pharynx presents a thickened appearance, not so marked, however, as that of the nasal tissues on account of the different nature of the structures. The mucous glands are nearly always more or less engorged with secretion.

Treatment.—Small doses of specific aconite and *sp. bryonia* will relieve the cases having the neuralgic symptoms, or where the pain extends from the throat to the ear on swallowing. *Sp. podophyllum* and *sp. hydrastis* are also indicated in the majority of these cases, as there seems to be disturbance of the alimentary canal in nearly every case. In some *sp. nux* is the indicated remedy, and *sp. phytolacca* will also be found needed at times, but less frequently among the cases seen lately than usual. Glandular enlargement apparently not being as common as usual in pharyngeal troubles.

Lymphangiectasis of the Conjunctiva.

Not infrequently children or young persons are taken to the doctor on account of small blister-like elevations of the conjunctiva. These bodies are filled with a semi-transparent fluid, resulting from some obstruction of the conjunctival lymph channels, the walls becoming distended. A favorite location is over either the external or internal recti muscles, and nearly always are multiple. There is little, if any, discomfort as a rule, and generally they soon disappear without interference. If they cause any annoyance, a small incision into each elevation and evacuation of the contents will be all that is necessary.

Pinguecula.

A small yellowish elevation, more or less round in outline, and usually located over the insertion of the internal rectus muscle, reaching nearly to the corneal margin. Occasionally there will be found a similar growth over the insertion of the external rectus. There is seldom any discomfort from the presence of these growths, but for cosmetic effects they are generally wanted removed. The cause of pinguecula is given as local irritation as a rule, although it is my experience that those who use their eyes steadily for close work are the most subject to them.

Treatment.—After the use of a local anesthetic, the mass is grasped with a forceps and the thickened tissue excised with scissors.

Congestion of the Conjunctiva.

Hot weather seems to develop a form of conjunctival discomfort, that is not a true inflammatory condition, but which produces considerable discomfort. The blood-vessels are engorged and tortuous, and the patients not only complain that there is something in the eye or under the lid, but are loath to believe that there is nothing there. Occupation does not seem to have any special influence one way or

the other, as it will be found as frequently among those who are not using their eyes as among those whose occupation requires constant use of the eyes.

The conjunctival surface of the lids is nearly always hyperemic, and the glands are prominent, giving the lids the appearance of having been sprinkled with fine dust. Mornings there will be a little more secretion in the corners of the eyes than usual.

Dread of light is not a marked symptom as a rule, but there is nearly always some increased lachrymation, although it is not particularly annoying.

Treatment.—As it is nearly always the deeper conjunctival vessels that are engorged, the use of the usual remedies does not give as prompt relief as is desirable. In these cases the use of Lloyd's ergot gtt. xx to 3ss, dist. hamamelis, sol. boric acid, aa q. s. fl. 3ss, will be found satisfactory. This solution can be used every two or three hours, and should be dropped in the outer canthus after bathing the eye with a cold solution of boric acid. In many of these cases it will be found also that there are digestive disturbances. When this occurs the indicated remedy will assist in effecting a cure. Sp. podophyllum in small doses has been an indicated remedy this season in almost every case seen.

Protection of the Eyes from Bright Light.

It does not seem necessary to give a word of warning regarding the cheap colored lenses usually sold for protecting the eyes from bright light, but the numbers that are sold and worn, is evidence that people do not realize the positive injury that may be done through these innocent appearing protectors. An examination of nearly one hundred coquelles recently, showed from 1.00D. to 3.00D. minus or concave lenses, and to add to the "cussedness" of them only three or four were free from irregularities of the surface. It is no wonder the wearers of these abominations complain of headache, eye-ache, etc.

A plano lens, that is one with both surfaces parallel is the only kind that should be worn, unless it is a tinted lens ground to correct the refractive error of the wearer, and these can only be obtained from the manufacturing optician, and should not be obtained excepting on the advice of some competent authority.

THE EYE SYMPTOMS OF TABES DORSALIS.

Paresis or paralysis of any of the ocular muscles is often an early symptom of tabes, but if a large number of these are affected at once we will be more apt to think of syphilis or intracranial tumor. Again, if the attack is temporary, lasting only a few hours, days, or weeks, we will be more inclined to look upon it as an early symptom of tabes than if the condition persists for months or years.

Rarely one or two of the eye muscles are permanently paralyzed in

tabes. Any orbital nerve may be affected, but the sixth, on account of its more exposed position in the brain, is more often paralyzed. The third nerve is a frequent sufferer, not seldom involving the levator palpebræ with resulting ptosis.

The eye muscles may become involved twenty years before the onset of the disease, or at any shorter period before the onset, averaging, one author says, about one year before other symptoms appear. This form of involvement may also occur at any time during the course of the disease, but its chief value as a diagnostic symptom is in those cases where it occurs early.

Paralysis of one or more of the ocular muscles is a symptom the value of which as an early diagnostic sign is not fully appreciated. The majority of all ocular paralyses occurring in adults are of tabetic origin. The more extensive the paralysis the greater probability that it will not entirely disappear.

By far the most serious symptom of tabes is atrophy of the optic nerve. This symptom may begin at any stage of tabes, and may precede the ataxic symptoms for years. Gowers observed it fifteen years prior to other tabetic symptoms. The frequency of optic nerve atrophy in tabes is variously estimated, the range being from two to thirty-five per cent. For evident reasons the statistics of ophthalmologists give a higher percentage than those of neurologists. All cases of primary optic nerve atrophy which I have been able to follow subsequently developed tabes.

According to Galezowski, two-thirds of all atrophies are tabetic. I think he must mean primary atrophies. I have now records of thirteen cases of primary atrophy, all of which had other ataxic symptoms at my first examination, or developed them within two years thereafter. Usually both eyes are affected with optic nerve atrophy simultaneously, or with a very short interval, but sometimes the onset in one eye precedes that in the other by a long interval. The length of time between the beginning of the optic nerve disease in one eye and the onset in its fellow, varies considerably in different cases; probably one year is an average interval, and has been in some cases as long as fifteen years. In the slower cases, there may be for months at a time no progress in the blindness.

Patients who suffer from optic nerve disease as a pre-ataxic symptom, naturally first consult an oculist, complaining that they do not see well, and no glass seems to help them. Often they have subjective sensations of sparks, colored lights, and complain of fog or smoke before their eyes. If the case is seen early the examination shows reduced acuity of vision with contraction of the field. Usually color blindness is associated with optic atrophy, but this need not be in proportion to the diminution in the acuteness of vision. Green is the first color lost, then red, and last blue, which is therefore the color distinguished longest. The details of the changes in the field of vision I am obliged to omit, with the exception of calling attention to the

fact that there is usually concentric narrowing, and if central blindness, accompanied with peripheral vision (central scotoma), occurs at all in tabes, it does so with extreme rarity. In fact, the presence or absence of central scotoma in optic atrophy is a symptom of great value in differentiation. If central scotoma is present tabetic atrophy can almost be excluded, and one must then think of retro-bulbar neuritis or toxic atrophy.

Upon the subject of ophthalmoscopic findings I must also touch only superficially. In the beginning of atrophy the nasal side of the disk, which is normally pinker than the temporal side, becomes gray, and gradually atropic cupping is developed, and the whole disk presents a uniform grayish hue. Subsequently it may turn white, so that we may have either gray or white atrophy. In atrophic cases I have never observed that it made any difference whether the atrophy was gray or white, either as to its diagnosis, prognosis, or pathological significance.

It has been shown by Leber that the atrophic process advances from the periphery toward the axis of the optic nerve, and it is not a descending atrophy from the brain, but one which begins in the retro-bulbar part of the nerve. My own observation partly corroborates this. It is well known that the central fibers of the optic nerve at their entrance into the eyeball, have passed to the temporal side of the disk, and the fact that the blanching of the nerve begins on the nasal side, and passes toward the temporal nerves, proves Leber's theory thus far. Further, it seems more logical to believe that optic nerve atrophy is not an extension from disease of the spinal cord or brain, but is a primary disease of the optic nerve similar to that in the cord.

A point first noted I believe by Martin, of Vienna, and emphasized by Hugh Patrick in a recent essay, is, that in cases where atrophy of the optic nerve is present, the other more distressing tabetic symptoms are more or less in abeyance. Such cases have little or no pain, and incoordination is trifling or absent. On the other hand, if a patient has marked incoordination, one is sure he will always have his vision.

Next to the loss of the knee jerk, probably the most familiar symptom of tabes is the Argyle-Robertson pupil—a condition where the iris does not contract with a ray of strong light striking the retina, and does react with more or less energy to accommodation; that is, when the eye is fixed upon a near object the pupil contracts somewhat. Patrick, in the article previously referred to, places the knee-jerk and the Argyle-Robertson pupil as the two earliest and most important symptoms of tabes, and shows that they are both of much the same nature, saying, "that when the retina is struck by a beam of light there is contraction of the pupil, just as there is contraction of the quadriceps extensor when the patellar tendon is struck by the percussion hammer or the finger. In tabes these reflex contractions

are lost, but the pupil still contracts to accommodation just as the quadriceps still contracts to volition."

In tabes the pupil is usually contracted, often to an extreme degree or "pin-hole" as it is called. Paralysis of accommodation is frequent, occasionally seen at the beginning of tabes, and asthenopia from this cause is often observed.

Nystagmus, which is a constant oscillatory movement of the eyeballs, is rare, but ocular ataxy, which is a twitching of the eyeballs when an object is looked at, is not so uncommon. Epiphora, or overflowing of the lids by tears, is a symptom of doubtful value. Berger says he has noted it in fifty percent of his cases. Gowers does not mention it at all. Berger also calls attention to the reduction of the intra-ocular tension in tabes. He found it in thirty-five percent of his cases, and attributes it to paralysis of the sympathetic—a theory, by the way, which is upheld by recent experimenters who have removed the cervical sympathetic for the purpose of reducing the tension in glaucoma. To sum up the eye symptoms of tabes we may say:

1. When there is paralysis or paresis of any of the intrinsic or extrinsic muscles of the eye or muscles of the lids, think of tabes.

2. When there is primary atrophy of the optic nerve, think of tabes.

3. When there are non-inflammatory pupillary changes, think of tabes.—C. J. SWAN, M. D., in the *Clinique*.

PERISCOPE.

CAUSATION OF SEX.

Recently, at a meeting of the Obstetrical Society of London, E. R. Dawson (*British Medical Jour.*) read a paper on the essential factor in the causation of sex—a new theory of sex. The author said the ovaries normally discharge ova independently of each other, probably working alternately. The proof is that the number of cicatricial depressions, the result of ruptured Graafian follicles, is nearly equal in each ovary, and together they equal the number of menstrual periods passed. Normal single pregnancy is the result of the fertilization of an ovum from one ovary only, by the combined secretion of both testicles; therefore the male parent does not influence the sex of the coming child. The sex of the child depends upon which ovary supplied the ovum fertilized; if the right a male, if the left a female.

He quoted cases of ovariectomy where one ovary only was removed, the subsequent pregnancy giving a child corresponding in sex to the ovary which is not removed. He also gave cases of tubal pregnancy where, by operation, a male foetus was removed from the right tube, the corpus luteum being in the right ovary; and *vice versa*, where a female foetus occupied the left tube, the corpus being in the left ovary.

Cases were quoted to show that the affected tube in tubal pregnancy, and in tubal moles, is generally on the same side as the corpus

luteum bearing ovary. Cases where either tubal or cornual pregnancy occurs on the opposite side to the corpus luteum bearing ovary are unusual, and explained by two theories, namely: (1) The grasping by the tube of one side of the ovary of the opposite side; (2) the transmigration of ova.

The production of twins and plural births was also considered. Here the ovaries must act at or about the same time when the sex of the twins is different, while, when twins are of the same sex, it was shown that the ovary of one side might provide two ova. Unilateral sterility was shown to account for those cases where the children are all of the same sex, or where, after a child of one sex is born, the remainder are of the opposite sex. The usual mixture of children as regards sex, which most parents have, is due to both ovaries usually being active, and thus supplying children of each sex. There are two ovaries only, and two sexes only.—*Med. Age.*

HOW TYPHOID FEVER IS SPREAD.

Typhoid fever is now generally regarded as a "water borne" affection, and practically a preventable disease. This matter now appears definitely settled in the minds of the medical profession. There is little doubt that this theory of typhoid fever is correct, that in tracing any extended epidemic of the disease to its source we must first of all examine into the conditions of the water supply.

If the water is contaminated, the germs may be introduced into the body while brushing the teeth or washing the face. Or again, salads and fruits which are eaten raw may be contaminated by the water in which they are washed. Typhoid fever has sometimes been spread in a city whose water supply was above reproach by means of milk or ice.

Milk need not be watered in order to become a vehicle for typhoid germs; the germs may be introduced into cans and bottles while these are being washed in water drawn from a contaminated well or brook at the dairy. Although destroyed by boiling, typhoid germs will resist a freezing temperature for a long time, and have been found in ice cut from a pond poisoned with sewage containing the bacilli of this disease.

Typhoid bacilli do no doubt find their way into food and drink through the careless disposition of alvine discharges from persons having typhoid fever, and undoubtedly food may be infected by contagion being carried from those discharges by flies. Oysters afford another means for the transmission of the typhoid bacilli, as they may be infected by sewage.

The spread of this disease by tracing cases to their source, has almost invariably been found to be due to carelessness and not necessarily to conditions favorable to the general development of the typhoid fever germ into the full grown, dangerous bacilli. Nevertheless, recent investigations made by Mr. Laberge, the Medical

Health Officer of Montreal, are of considerable interest, and afford a striking illustration of how far reaching are the evil consequences attending carelessness in the matter of food and water supplies.

The report says that on Oct. 25 seven cases of typhoid fever were discovered in one institution in Montreal, and it was speedily proven that all were contracted from contaminated milk purchased from a particular farm. Within a few days twenty more cases were traced to the same source. A visit to the farm disclosed the fact that one of the employes had been milking the cows while suffering from a mild attack of typhoid, and while other members of his family were suffering from the same complaint. There is no food product more susceptible to contamination than milk, and the result naturally was numerous cases in the city where the milk from this particular farm was consumed. The history of this attack of typhoid in Montreal is the more interesting from the fact that this is not the time of the year when the disease is supposed to be prevalent. A reference to the Board of Health report of this city for weekly periods during the past three or four years shows, as a rule, less than a dozen deaths, which in a city like this indicates a relatively small number of cases. —*The Medical Summary.*

INCONSISTENCY OF THE RELIGIOUS PRESS.

That freedom may return to license is a proposition which not even the most ardently independent American will deny. The publicity and the power of the press may be abused, and we know that it sometimes is abused in this country. Medical men often marvel that the foul advertisements of the secular press should be permitted. When, however, we witness quack advertisements in the religious weeklies our wonder grows at the inconsistency and unseemliness. Many of our contemporaries have, from time to time, alluded in tones of condemnation to this undignified, inconsistent, and fatuous practice of the church papers.

The evil is widely spread. One can scarce take up one of these publications without being disgusted by the space given to exploitation of quack medicines. Only this week taking up one of the exponents of a strong and respected religious denomination, we found the familiar recommendations of the blood-purifier, anodyne liniment, soothing syrup, and other "cures." In the pages of another journal of the same sect, which rather prides itself upon its educational standards, we find a similar class of advertisements. The indecorous practice seems to be by no means uncommon in this class of journals. One plate illustrates how the germs of disease are to be exterminated by an inhaler. Another tells how kidney disease is cured by a certain patent medicine. A third informs the reader how dyspepsia is overcome. Yet another cures worst cases of dropey, its proprietors having made dropey and its complications a special study for many years.

One man promises to improve the blood and another has on sale a specific for the nerves. Thus we may find the whole category of worthless preparations represented in the religious press.

All these nostrums promise to "cure." Most of them advise the reader to "send for our little book."

This kind of advertisements should have no place in religious journals. They are strangely inconsistent with the doctrines to which these publications are devoted. Truth is assuredly the most sacred of qualities, but what truth is contained in these advertisements save the truth that the proprietors are seeking the public money, for which they have no fair equivalent to give? The religious editors should know this fact. They are of elaborate scholastic training in some directions, and should possess sufficient general intelligence and knowledge of life to understand that it is impossible truthfully to fulfill the promises and inducements held out by the patent-medicine men. An untruthful business matter should receive no publicity from journals dedicated to the cause of truth. Truth cannot be other than itself, whether in ecclesiastical or secular affairs. The greater always includes the less.

The editors of religious magazines certainly ought to appreciate the fact that it is but a pretense to warrant any medicine to "cure" cases indiscriminately without reference to the cause of the disease or the patient attacked. They ought to know that it is not safe for people to treat themselves for maladies which they themselves have diagnosed and which very frequently have no existence. They read these "little books" and imagination plays them a trick. Fancy conjures up a train of symptoms similar to those of which they read, and many people become, in this manner, confirmed hypochondriacs, reading this useless literature and flying from one patent medicine to another panacea. All intellectual men should denounce quackery, which is imposition and a species of fraud. Its basis is a promise which it can not fulfill. There is quackery in law and theology, as well as in medicine. The reason why quackery is associated in the mind particularly or exclusively with the practice of medicine is because the patent medicine vendor has here such a rich field to work for commercial profit. Religion is, indeed, built upon faith, but what kind of faith is that which will recommend, indorse, or have anything to do with a medicine, so called, the composition of which one knows literally nothing, and which the vendor, for mercenary purposes, keeps strictly a secret? Let the religious editors—who are generally clergymen, we believe—ask themselves what they think of arrant pretenders in the pulpit.

Is this glaring inconsistency in admitting patent-medicine advertisements into the pages of denominational journals due to a lingering strain of supernaturalism in the ecclesiastical mind? As regards the Divine Essence, our finite minds must depend upon faith in a creative life above physical nature. In the regions of religious

emotion and thought faith must be supreme; but the wisest Christians admit that Providence works by means of laws which He himself has ordained. Within the field of physical nature we must certainly abide by these laws, and such obedience is the foundation and cornerstone of pure and applied science. One of the noblest employments of the human mind is the discovery or recognition of these laws and their application to the relief of human misery.

The patent medicine appeals to many forms of weakness and credulity. Among others may be that expressed by the deacon in Felix Holt: "How was it to be known that medicines would not be blessed if taken with due trust in a higher influence? A Christian must consider not the medicines alone in their relation to our frail bodies (which are dust), but the medicines with Omnipotence behind them." The father of Felix had gained his living by selling some quack medicines which the son had repudiated, much to the grief and dismay of his mother.

The view point of the instructed editor, however, should be far different and higher than that of the humble and uneducated deacon. It is an inconsistency and we might almost say an immorality for a religious journal to allow its pages to be sullied by advertisements of quack medicines. Specious promises which cannot be performed should have no position in the columns of such publications.—*The Medical Bulletin*.

PROGRESS OF MATERIA MEDICA AND THERAPEUTICS DURING THE LAST CENTURY.

The century just closing has been called the wonderful century, and we think the name given to it is most suitable. In the arts, in science, in mechanics, in trade, in inventive genius, in the advance of public utilities tending to unify and harmonize the race, I believe more progress has been made in this century than in all the other centuries put together, with which history makes us acquainted.

By steam or electricity we travel the earth or skim the ocean wave with a speed that is astounding. By the telephone and telegraph we talk to our friends in the antipodes. So much has been done that thinking men are everywhere on the tiptoe of expectancy, and they exclaim as one man, *What next?*

Now, with all this progress outside the profession of medicine, can we say there has been any improvement in medicine, and especially materia medica and therapeutics? I answer without hesitation, we can. Having but little space at my command, I will try briefly to show that we have progressed. In materia medica I propose to show that we have made progress in both enlargement of scope and in quality. In therapeutics, that we have made wonderful progress in our application of an improved materia medica to the needs of the sick and suffering.

Go back, say only to the second quarter of this century, and the *materia medica* was a very scant affair. One doctor exclaims, "Give me opium, quinine, jalap, salts, and a lance, and I am ready to treat any disease." Another, a professor, went him one better and said, "Kick nature out of doors, give me mercury and my lance, and I can cope with any disease." You may say these were extremists; perhaps they were. But we must admit that the *materia medica* of that day was a very limited affair, so far as really trustworthy remedies were concerned; and these few were lost in masses of stuff in themselves so incongruous and sickening that to mention them is enough to make the well vomit and the sick sicker.

But not only has this century added to our *materia medica* in quantity, but it has wonderfully improved the quality thereof.

I have before me a small medical book written nearly 250 years ago, and I have been surprised to find in its pages, among much that is disgusting, the names of many of our most useful vegetable remedies, but these remedies were so mixed with worthless and hurtful trash, and then so unscientifically prepared, that their usefulness was destroyed. And this condition of things continued until far along into the present century.

Forty years ago, what were the preparations on which the physician could draw in his fight with disease? The various salts prepared by the chemist, and far less elegant than their representatives to-day. Animal and vegetable oils. Medicinal gums, barks, roots, and other vegetable matters. These were made into infusions, decoctions, electuaries, etc. Powdered barks, etc., were swallowed in teaspoonful doses. I hesitate not to say that the preparations which brought most relief to the patient and credit to the physician in those days were the infusions, decoctions, and crude tinctures. Soon after this, condensed infusions were put upon the market, to be in turn followed by fluid extracts. For a long time there were no improvements. They were unstable, unsightly, and anything but reliable. But the last thirty years has witnessed wonderful achievements. Look over the list of elegant pharmaceuticals to-day. Effervescing granular salts, alkaloïds, triturations, and powdered solid extracts, prepared with such skill and care that the soul of the drug is imprisoned in the finished product; fluid extracts and tinctures that have the smell and taste of the normal plant. Add to this the bitterest, most nauseous, and ill-smelling drugs, encased in sugar, chocolate or gelatine, so that the vileness of the drug is hidden, both from the palate and the nose.

Truly the *materia medica* of the last thirty years is a revelation, and compared with all previous *materia medica* it is a wonder. And, in my judgment, for rapidity and certainty of action, of all the pharmaceuticals, the palm must be given to specific medicines. Lloyd's specific medicines, which have reached such a large sale, not only among eclectics, but in all schools of medicine, are made from prime drugs, gathered at the right time, and prepared in the right way, so

that the tincture represents the vegetable matter from which it is made, be it root, plant, bark, leaf, flower, seed or fruit. This, in my judgment, is as it should be. A good calisaya bark contains not only quinine but other salts, and if you can prove by analysis, quantitative and qualitative, that a given fluid preparation contains a full amount of sulph. quinine, but is deficient in other salts, then such a preparation does not represent the bark, whatever name it may bear. I believe that specific calisaya truly represents, in therapeutic power, calisaya bark, and so of the others. Other manufacturers have followed in the footsteps of Lloyd and Merrell, and therefore we can get fluid extracts, normal tinctures, etc., all over this land, made by different makers, and they can be relied on. But let us never forget that the credit for these great improvements belongs, in the first place, to eclectic investigators. They have, by their investigations enlarged and enriched to a wonderful extent our vegetable materia medica.

And now for the therapeutic application of this enlarged list of improved drugs. Is there any improvement here? We think the improvement is very great.

At the beginning of the past century, and along through almost to the last quarter of the century, therapeutics was a very simple thing. You could scarcely mention a disease but what there was a stereotyped treatment for it. Diphtheria, dysentery, etc., were treated by rote. There is a good deal of the same thing even yet. Many medical men can not think of diphtheria without associating with it as a therapeutic measure antitoxin; quinine with malaria; phthisis with beechwood, creosote, etc. This treatment by rote is unscientific and it has been a failure. You may have three cases of dysentery in one hospital ward. But in each case the type of disease may be so different that the treatment should not be the same, but different to meet the different conditions. And the grand forward advance on therapeutic lines in this country amongst the advance thinkers in the profession, is to pay less attention to names of disease, and more attention to the special conditions in each case, so that we prescribe not for a disease by name, but for a condition. This course I hesitate not to say, is both sensible and scientific, and if followed up will relieve medicine from that uncertainty which has been its bane. And here again the lion's share of credit for this great change belongs not to the men who arrogate to themselves the title of regulars, but to men outside those lines, eclectics and homeopaths. In our own school there are three men whose names will ever stand first as being connected with the advance on the lines we have above indicated. And when we mention these we do not wish to be unfair to other faithful workers. But we say these three men labored and others have emulated their examples, and have entered into their labors. These three men I will designate as the three Johns.

John King, M. D. What a remarkable man—a man who would have been a credit to any school and any age. When eclectics were

being twitted that they had no writers, this earnest laborer in the field of progressive medicine set himself to work to write books, and how well he succeeded. His Dispensary has passed through many editions, and it has stirred his followers to earnest effort to lift our indigenous remedies especially to that place in the physician's armamentarium which they deserve; and their labors have met with a success that, could he have lived to see it, would have delighted the heart of this first of the triumvirate—John King, M. D.

John Uri Lloyd, a student of John King, and a man after his own heart. How earnestly he has labored: a true eclectic in the best sense of the word, and yet not an atom of bigotry in him. How he has sacrificed reputation, comfort, and worked like a slave to give us a better *materia medica*; and as long as physicians love to have good medicines, instruments of precision, even though they pay a good price for them, the name of John Uri Lloyd will be held in remembrance. In the line of a better *materia medica*, I believe there is no man who has done more painstaking work than this second of the triumvirate, this man whom physicians delight to honor.

John Milton Scudder, M. D., a worker with King and Lloyd, but on different lines. King and Lloyd worked on the *materia medica*; that was their specialty. Scudder's specialty was in the line of applied therapeutics. He is gone; but he being gone yet speaketh, and will continue to speak. I believe no man ever did more or better work in the field of practical therapeutics than this man. If he had done no more than write *Specific Medication* and *Specific Diagnosis*, those two small books would have been a grand monument sufficient to perpetuate his name. Thousands of successful physicians to-day swear by these two books, and the general teachings of this third man in the triumvirate I have named. I can pick out twenty remedies, and the light he has thrown on their practical use, all bearing on certainty as against uncertainty in medicine, would be sufficient, if he should be honestly accorded his dues, to make his name famous while medicine is needed for the relief of pain or to overcome disease. All honor to the three.

The twentieth century is here. We look over the medical history of the past century, and we see much to deplore—much that makes sad reading. But the last quarter has witnessed the dawn of a better day. No one can dispute the fact that rapid advancement has been made. Our leaders in every school are falling. Let us take up their mantles and press forward till medicine shall take its place along side of its big brother, surgery, and it shall be known as the art and science of medicine.—JOHN FEARN, M. D., in *California Medical Journal*.

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A MEDICAL EDUCATION.

Just now a number of young people are revolving in mind the question of medical education, and eagerly seek a word or a suggestion bearing on that point. To such we say, consider well your first session in college; make no mistake in the selection of your school. Much depends on the start you get, more perhaps than is generally accepted. If you begin your course in a college of repute, where the faculty is known and well known, where the course of instruction is above question, where the standard is so high that no question regarding it can be raised in any State of the Union, you will make no mistake. Seek a college to which you may in future proudly point as your alma mater. Seek a college that is in position to say, "Our standing is such that we must give the best in order to maintain the position we have earned in the past or purpose to earn in the future." In brief, seek a place where you will neither sacrifice your time nor your money; where you are sure no question can be raised concerning either the diploma you receive or the institution that awards it.

Which School Shall I Attend? This is a matter of choice. The medical profession is divided, the Eclectic school constituting one of the sections. Should your preceptor be an eclectic, or should you favor eclecticism, you will undoubtedly select an eclectic college. If you do so for this or any other reason, we believe you will make no mistake. We believe that our branch of the profession offers advantages to be found in no other school. Let us name a few of them.

Eclectic medication means medication that has made its way against odds seldom successfully combatted. It has made its way because of the intrinsic merit of its method. The people favor its principles; the people like its medicines. The people are aware of the fact that

it is kindly, effective, and not harmful. In other words, the people know that an eclectic physician is not likely to kill his patient either by fad experimentation or by heroic medication. This is fact, and to illustrate that fact we have but to say, the demand for eclectic physicians is many times greater than the supply. Should every eclectic college in the country turn out twice its usual class of graduates, the cry would still come, "Cannot you send us an eclectic physician?" The eclectic graduate has the choice of many open locations; he does not have to seek a place.

Again, eclectic medication means rational therapy. We have studied disease and disease medication. Our system is based on actual results gained from bedside care, involving the use of remedies in which we have confidence—remedies that are not fad creations, born yesterday to die to-morrow—of which the physician has no knowledge. In fact, eclectic medicine is a legitimate outgrowth of the study of cause and effect in the use of remedies in disease.

For these reasons, and for others that might be named, we say to you who seek now a college to enter for your life work, eclecticism offers an education of which you may be proud; it offers an exceptional opportunity for a future professional life. Go to an Eclectic College.

The Eclectic Medical Institute.—To persons who propose to attend the old Institute the coming session we desire to say a word. Our college is too well known to require more than a passing remark. It is admirably fitted for college purposes, was built expressly for a medical college, and is centrally located. The faculty is recognized as being each man conspicuous in his special field. It is scarcely necessary for us to say a word on this subject. Ask whomsoever you meet concerning our position. Ask how this or that member of the faculty of the Eclectic Medical Institute stands, and get the answer.

We teach medicine; we believe in medicine and its curative power in disease. We instruct the student by means of men who succeed in practice—men whose names are second professionally to none, who have the fund of information from which to teach, and who know how to impart that information. This is fact and needs no argument.

Our clinical facilities, our laboratories, our general facilities are ample, and are exactly described in our Announcement. We make no claims concerning that which we do not possess. We do not promise a thing we do not give, in faculty instruction or college facility.

Our part in the new Seton Hospital is exclusive and exceptional. No college has superior opportunities. The operating room of this admirable hospital is under our exclusive control; our class alone is entitled to its advantages. In all that inures to medical education, the Eclectic Medical Institute stands high and well. Then to those intending to be with us the coming season we say, our faculty instruction, college and hospital facilities, and the standing of the old E. M. Institute, alike offer you that which is all sufficient to whomsoever seeks medical education.

PRETERNATURAL LABOR.

IV. PROLAPSE OF THE CORD.—This is a feature of preternatural labor wherein a loop of the umbilical cord will be found in advance of the presenting part of the fetus. The management of such cases usually proves trying, tedious, and troublesome, often taxing the physician to the utmost to avoid serious consequences and an undesirable termination. The condition will be encountered about once in every 175 to 200 cases of labor; it varies as to the degree of dystocia in different cases and under varying circumstances, and may occur at any time during the progress of labor, previous to the delivery of the child. True *chordea prævia*, a condition in which a loop of the funis is lodged at the superior strait, presenting from within the membranes from the very beginning of labor, is not of infrequent occurrence. Again, in other cases its presence will not manifest itself until labor has advanced to the second stage, the prolapse following the escape of the waters; while under other circumstances it occasionally results late in labor, even after the presenting part is well engaged, with which it is gradually expelled, until it presents and becomes most dependent.

The several varieties are not especially unlike, however, in so far as etiology, symptoms and treatment are concerned, and they may be considered together. Various causes have been cited and ascribed for the accident. It is quite frequently present in occipito-posterior positions, owing to interrupted mechanism resulting from retarded descent and flexion. It is often due to an under-sized or illy developed head. Owing to want of normal conformation and lack of resistance, the cord may readily prolapse, rendering the case very troublesome and difficult to overcome; probably most cases occur in the event of unnatural presentations, as of the face, breech and shoulder, as well as in case of a large, dwarfish, or unequally contracted pelvis. Under such circumstances the trouble follows because of a want of normal and ready coaptation of the foetal and maternal parts, as a consequence of which the strong and frequently recurrent contractions permit an expulsion and engagement of the cord in advance of the presenting part.

There is greater likelihood of the trouble where undue distension of the uterus exists, as in hydramnios, the cord is quite likely to reach the lower segment of the uterus as gestation advances; likewise in plural pregnancy, or where fibromata or myomata are present, prolapsus is frequently present. Various other conditions favor this accident, as a sudden escape of the liquor amnii, particularly if the patient be moving about or in the upright position; an unusually long cord, low attachment of the placenta, marginal insertion of the cord, placenta previa, as well as an oblique displacement of the uterus.

The diagnosis of funic presentation is as a rule very easily made upon vaginal examination; it may, however, be overlooked in some instances where it exists in the early first stage, before the membranes rupture, but its presence will usually be recognized as labor advances, if examinations are made with care. When the membranes have ruptured it may be known by its peculiar twisted condition, together with the pulsations. Cases are on record where a loop of small intestine prolapsed through a rent in the vagina has been mistaken for the cord; such a blunder it would appear, however, should be wholly inexcusable.

The prognosis in prolapse of the umbilical cord has no bearing, so far as the mother is concerned, but is grave and most alarming with reference to the condition of the child, owing to the pressure upon the cord; foetal asphyxia following unless the compression is quickly relieved. The mortality will probably reach from 55 to 60 per cent.

Treatment should be instituted as soon after the discovery of the accident as possible, looking to the reduction and replacement of the prolapsus or displacement, and relief from compression, together with means to prevent its recurrence. When the trouble is discovered early in labor, before the membranes have ruptured, every effort should be made to keep them intact; the patient should be placed in a position in which the head and body is lowered and hips elevated. By this means the cord will frequently gravitate within the waters toward the fundus; with increased contractions the presenting part will engage, thus preventing a recurrence of the trouble. In other cases benefit may be derived by placing the patient in the knee-chest or genupectoral position, and in the absence of pains gently make pressure against the membranes, and push the cord upward until it may be displaced by the presenting part.

As a general thing, one will not have a prolapsed cord to deal with until after the membranes have ruptured and the second stage is on; under which circumstances it will be looped down in the vagina, and very much in evidence. An effort should be made at displacement as soon as discovered. This can frequently be accomplished by introducing the hand within the vagina, and by means of the finger tips, carry the cord high up along the presenting part during the absence of a pain, in the hope that it may be lodged and there remain. There

is a frequent tendency, however, to a return of the trouble, so that the effort at reduction may have to be repeated several times.

It has been advised, in troublesome cases, to wedge a small piece of soft sponge or gauze between the head (or presenting part) and cervix, after the loop has been forced within, and thereby prevent its return. Again, it may be necessary to have the forceps in readiness, and deliver by this means as quickly as possible.

When manual means prove unavailing, an improvised repositor may be successfully used in some cases, in the way of a soft rubber catheter; the cord is simply fixed to the catheter by a light tape, after which it is carried high up to the fundus, the instrument being expelled in the course of the labor. Other means failing, podalic version has been suggested, as in breech cases the pressure is considerably modified, and asphyxia less likely to follow, than in presentations of the head.

Cases are occasionally encountered in which the various modes of treatment are ineffective, and it would seem that there is no alternative but to allow labor to continue with the cord prolapsed. In such an event, benefit will usually follow placing the loop backward in the posterior extremity of that oblique pelvic diameter not occupied by the antero-posterior diameter of the foetal head; usually in the neighborhood of the left sacro-iliac synchondrosis. By this means pressure upon the cord is materially reduced, and the dangers of asphyxia correspondingly lessened. In all cases and under all circumstances, when the trouble is persistent, and the umbilical pulsations are becoming feeble, and the compression gradually increasing (in vertex cases), instrumental delivery should follow without delay, terminating the labor as expeditiously as the conditions will permit, in the hope of overcoming the asphyxia after the child is born.

R. C. W.

HEART REMEDIES.

Among the remedies which exert a powerful influence as a heart remedy, is *apocynum cannabinum*—a remedy seldom thought of as a special heart remedy, but more often for its effects in removing watery infiltrations. In fact, it is in heart disorders of a functional type that its best effects are observed, and always when debility is a characteristic, that exudations from the vascular system allow anasarcaous infiltration. It is of little value in relieving organic heart disease, further than its usefulness in removing dropsical accumulations is concerned. Yet in such conditions it aids *strophanthus*, *digitalis*, *cactus*, and other heart remedies, in overcoming urgent symptoms.

The indications for *apocynum* in heart troubles are the same as for other conditions—watery fullness of cellular tissues; the circulation is sluggish, the heart-beat lacks vigor, and the oedematous tissues are sufficiently marked to pit easily upon pressure. To give relief we have found it a remedy of marked value in cardiac asthma; though it does

not cure, it has time after time emptied the tissues of water, and thus has given great comfort to the patient.

Among the agents that must not be passed over in reviewing the heart remedies, are caffeine and its salt, the citrate. These have now become so well established as heart stimulants, that combinations of heart-depressing drugs are usually fortified by the addition of them. They usually form a part of such mixtures as acetanilid compounds, etc. They are both powerful heart energizers, and when feeble, irregular heart action is not due to valvular lesions or other obstructive conditions, they are very prompt in restoring tone to the heart and circulation. They are remedies of marked value in dropsy of cardiac origin, and to avert heart failure or cardiac paralysis. They are also remedies of great sustaining power in such diseases as la grippe, pneumonia, typhoid fever, etc., where there is danger of collapse through weakening of cardiac power, and are always of value in that weakened condition of the circulation accompanying dropsical effusions. In the lung diseases of old people, their value is particularly evident in pneumonia and pulmonary congestion. The chief indication is cardiac insufficiency; there may be renal torpor or even dropsy; a prominent indication is migraine, with flushed face and cerebral hyperemia.

Among the agents having a limited usefulness in heart disorders may be named convallaria—a remedy which closely resembles digitalis in action, though usually of far less energy, and lacking the unpleasant features of the latter. It is a remedy which acts best in infusion. In some cases it will do better work than digitalis. When heart irregularities are due to organic degeneration, it is not usually of much value; but when due to obstructive causes, especially in mitral insufficiency or stenosis, it often proves a very serviceable remedy, and can be used when it is desired to avoid the drawbacks of digitalis. Impaired capillary circulation, showing slow return of the blood when effaced by pressure, or by ecchymosis and quickened pulse with capillary stasis, are prominent indications for its employment. It is also a remedy for cardiac palpitation and violent heart action, with irregular movements.

H. W. F.

FILTH EATERS.

Just now we are confronted with a report to the effect that Dr. Koch, the eminent specialist, has decided that tuberculosis of the cow is not dangerous to human beings. Whether he be correct in his surmise or not, or whether he be correctly voiced in print, is not to us a matter of concern. We wish to say that even though it be true that consumption can not be carried to the human being from the cow, we desire most emphatically to protest against feeding our children or ourselves with milk from cattle afflicted with tuberculosis.

There is something in this line of thought that some of our medical men seem to overlook, and one of these things is that diseased flesh

and nastiness should not be eaten, regardless of whether it is capable of producing a particular disease or not. We protest against feeding the human race with cattle afflicted by tuberculosis, chickens afflicted by cholera, hogs afflicted by trichinæ, and filth of other descriptions, whether the flesh be cooked to death or raw. We say this most positively, regardless of whether these diseases in themselves can be transmitted to persons who use the flesh of such animals.

We presume that the result of this widespread report of Dr. Koch will be followed by a demand for the allowing of butchers to kill cattle infected by tuberculosis, and that they be permitted to furnish the flesh of tuberculous cattle to our people, and it is also probable that the dairymen will rise up in arms and protest against excluding milk of such diseased cattle from sale, all of which carries no weight whatever with us. We do not propose to eat such flesh or drink such milk if we know it, and we do not intend to relinquish our opposition to all such foods simply because some eminent specialist has surmised that diseases can not be carried by such foods.

And this leads to a further word. We believe that too much stress is being laid upon the fact that running water and the action of bacteria destroy the virulence of sewage. Admit that men who make claims in this direction are correct, and that under certain conditions water that has passed in a running stream for a certain number of miles will have lost certain disease breeding characters present in fresh sewage, and we still protest that we do not want to put the stuff that remains after this change has occurred into our stomach; and we do not intend to do so if we can avoid it. The material—*substance* if you will—that came out of those disgusting sewers is still present. It has been modified somewhat, but it is there as *material*, and we do not want to drink it modified as it is, nor do we want to eat it.

Let us carry this discussion a little further. How would you who are willing to drink sewage simply because it has flown down a river for a certain distance, like to take this same sewage, mix it with flour and bake it, allowing heat enough to destroy these same germs, and then eat the bread, arguing (correctly too) that the heat has destroyed the power this sewage poison has to breed certain diseases, for example, typhoid fever? We take it you do not wish to eat the material found in this liquid, and we take it furthermore that you do not want to eat flesh afflicted in any way by the diseases we have mentioned.

In times of old the Hebrew philosophers gave orders regarding sanitary conditions. That wonderful book, *Charaka-Samhita*, whose date is lost in antiquity, which tells of early India medicine, is no less marked by its attention to sanitary subjects, and gives explicit directions for the betterment of the sanitary conditions of the people. Modern medicine and modern medical men are awaking to the fact that modern civilization demands the closest attention in this same direction. Let, then, this editorial be considered as voicing the opinion of the many, that the subject of sanitation is the one great subject

confronting civilization, and that persons concerned in getting the almighty dollar, and in saving the almighty dollar, should be made to hew close to the line in the direction where the public welfare is concerned.

J. C. L.

THE STATUS OF AMERICAN PROFESSIONAL JOURNALISM.

It is not unusual to hear the expression that medical and pharmaceutical journals are run for money and money alone. We have sometimes heard the expression to the effect that the pages of these journals are devoted only, or largely, or partly to the things that concern the money side of their existence. I desire herein to refute such a statement as concerns the pharmaceutical and medical press of America, and I believe that my experience and my observations alike warrant in thus intruding in a direction that may seem out of my field. In my opinion, if men have anything of value intellectually to offer to their fellow men, they will find not only courteous but the fairest treatment from these publications, and that too regardless of whether such communications bring any direct return individually to the publishers of the journal.

I will go further than that and say that the editors of journals having a prejudice against a person, or who have reason at least to be prejudiced against him, do not allow this fact to appear, but often extend the most courteous treatment to such persons. It is unusual to find an adverse expression of a man to creep into print, and even then it may be by oversight. The business with which I am connected does no advertising whatever outside of a few eclectic medical journals, and yet from both the homeopathic and regular school of medicine, and from the pharmaceutical and chemical journals of this country, each individual of the firm receives courteous treatment. I may even go further than this, and state that journals published by houses that are in direct competition with this firm not only extend the same courteous attention but seemingly go out of their way to express themselves in print in a manner that shows they do not look on the dollar side of the question. Blackmailing of an individual or a firm by reason of business antagonism is so rare that I do not believe that it exists in scientific journalism. I may say furthermore, that it is wonderful to me how, under certain conditions, journalists can refrain sometimes from showing a feeling of intolerance where seemingly the provoking nature of the case would demand personal aggressiveness. It is not likely that any journal or any publication would expect or even desire an individual to make such comments as I go out of my way to make, and yet I feel that I can not pen a more graceful as well as deserved tribute, than to say just this one word in behalf of a profession for whom I have great regard. Notwithstanding the difference of opinion concerning ethics, both medical and pharmaceutical, we are, in my mind, together working hard for the

betterment of the profession at large, and the uplifting of the people. In this view I believe I will be upheld by all fair minded men, for all will agree that the manner in which the reputable journals are conducted in thus keeping their columns free from personality induced by business problems is a marvel, and reflects great credit on their editors.

J. U. L.

SALINE SOLUTION AGAIN.

Some time ago I wrote an article on salt as a stimulant, reporting a case of cholera infantum where I had used it in a severe case with happy results, and advised a trial of this in severe cases of cholera morbus threatened with collapse. A recent case may be of interest, giving additional proof of its value in such cases.

Mr. W., aged about fifty years, was taken with a profuse diarrhea, but being a robust, strong, healthy man, who had never known a sick day, he paid but little attention to it till the disease had progressed nearly a week, when the severity of the disease compelled him to remain indoors. Even then he concluded a day's rest at home would terminate the unpleasant trouble, but he rather grew worse and I was summoned. He presented an alarming condition when I first saw him. His face was of a purplish dusky hue, tongue pale, skin relaxed and covered with a cold clammy sweat, feet and legs cold, and the pulse was small and feeble—in fact, could not readily be taken. The stools were frequent and of a dirty, watery character. His thirst was intense, but on taking a drink, his bowels would move. It was like passing water through a hose-pipe.

The outlook was bad, and no time was to be lost. Placing a teaspoonful of salt in a pint of water, and putting this on a gasoline stove, it was hot and ready for use by the time I had attached a long aspirating needle to the hose of a fountain syringe. I then pushed the needle an inch and a half beneath the skin, over the sternum, and turned on the stream. In a few minutes I had introduced about eight ounces, and the patient complained of pain at the seat of injection. The pulse at the wrist very soon showed the effects of this solution. Hot lids were placed at his feet, his hands and arms were rubbed with dry mustard, and he was given sips of hot salt water. The tide was soon turned in the opposite direction, and the patient made an uneventful recovery.

R. L. T.

GRINDELIA SQUARROSA—Ague Weed.

This is not the *grindelia robusta*, but a similar plant introduced by Dr. J. H. Bundy. It is given much prominence by some writers upon therapeutics as a remedy for bronchial affections of various kinds, but to us it does not seem that this is its special field. It seems to have more or less of a stimulant effect upon both the circulation and functional activity of the chylipoietic viscera, or perhaps the lat-

ter is due to the former. At any rate, the chronically fallow, anemic *actionless* patient seems to do best upon *grindelia squarrosa*. It is said to have a special or specific action upon the enlarged or congested spleen and the torpid liver. Whether the action is local or general we are not positive. We rather incline to the idea that it is its general effect that makes it so valuable a drug in these lines, because it is just as efficient in chronic malarial troubles and in some renal affections. Could it be possible that the splenic disturbance in old malarial cases is more of a cause than effect of the malarial influence? Or, since the "bug" of malaria has been found, and it is so certain that the "skeeter" carries the bug, will we be able to positively determine the value of this and of other drugs in reducing the size of the spleen and in overcoming chronic malarial impositions?

The dose of specific *grindelia squarrosa* should be small—say five to ten drops of the specific medicine in one ounce of water and one-half ounce of glycerine, and a teaspoonful of the mixture should be given every hour or two. An unpleasant precipitate occurs when too much of the mixture is prepared at once.

W. E. B.

INULA HELENIUM—Elecampane.

This old remedy has a better reputation with the laity, no doubt, than with the profession. It has stimulant, tonic, diuretic, diaphoretic and rubefacient properties, and it is also more or less expectorant. At one time about all of the cough syrups had elecampane as a constituent. A decoction was made and sweetened, and we are not sure but that it was more active as a medicine than are the alcoholic preparations of the plant.

It has been used with unusually good effects in bronchial disturbance with hypersecretion, and in coughs and colds generally, and in whooping cough. It is also a favorite with some in those who are weak and debilitated, the consequence of catarrhal dyspepsia, etc. *Inula* is a remedy for dropsy, through its general tonic effects. For the same reason it is an excellent remedy in some cases of chronic diarrhea, or catarrh of the *prima via*. In fact, elecampane is a good remedy in any of the chronic engorgements, or below-par disturbances of any of the abdominal viscera. Through this tonic effect it has gained some notoriety as a remedy for hemorrhoids.

Inula has been frequently used with success in psoriasis, which you know is always chronic. It has been praised highly for its effects in overcoming or curing long standing eczemas and other perplexing skin affections. Shoemaker tells us of the promising results that followed the administration of its alkaloids or active principles when given judiciously in the treatment of phthisis pulmonalis, as well as in some other depraving troubles like leucorrhea, etc. The dose of specific *inula* is from one to ten drops in water.

W. E. B.

SURGICAL ITEMS.

Sir William Banks, of the Liverpool Royal Infirmary, makes a report of several intractable cases of pruritus ani, that he has cured by the use of the actual cautery; and he seems to laud highly this method of dealing with chronic cases of pruritus that have not yielded to other remedial agencies.

Ziegler's definition of a tumor is "that it is a new formation of tissue possessing a typical structure not exercising any function of service to the body, and presenting no typical limit of growth." If this be true, what are we to do with the evidence that confirms the possible theory that parasites are the cause of tumor growth?

Conductor Erhart, of the Chicago Division of the Big Four Railway Co., has been a constant sufferer from abdominal ascites for the past two years, during which time he has submitted to paracentesis abdominalis 190 times, and at each tapping there has been removed not less than 3 gallons of fluid. It seems to me that this is a record breaker in abdominal dropsy in the male.

In the pathological museum of the Allgemeine Krankenhause, in Vienna, I found a skeleton of a man who had sustained a fracture and dislocation of the left humerus at its surgical neck. The distal end of the humerus was driven through the thorax in the axillary space, and remained in that position. The proximal end or head of the humerus had thrown out osseous material, and made complete union at right angles with the lower part of the bone. From the general appearance of the skeleton the man must have lived several years following this accident.

Let us classify the majority of arthritic cases or rheumatoid arthritis as due to one of two causes: Tubercular bacillum, or gonococci, and the less number of cases as exceptions to this rule.

I was called in consultation a few days ago to diagnose a lesion of an enormously distended abdomen of a woman about 35 years of age, the mother of three children. The patient suffered intense pain in the region of the diaphragm due to the enormous distension of the abdomen and was obliged to remain in a sitting posture day and night. She had become greatly emaciated, and highly nervous, and insisted on having immediate relief. She was completely anesthetized, and a careful differential diagnosis attempted. We all agreed finally that it was a case of pregnancy with hydramnios, which later developments proved to be correct.

At the last British Medical Congress, Prof. Koch advanced his views in regard to the cause and contamination of tuberculosis, which was so radical in contradistinction to the accepted views of medical men in general, that it caused quite an amount of effusion from the

lesser medical world in the secular press. Prof. Koch seems to set aside the theory of heredity as amongst the least plausible theories of the continuation of tuberculosis.

He also advanced the theory that it is practically impossible to convey tuberculosis by the means of fresh meat in cattle, or the use of milk from diseased cows. I have watched the trend of opinion for some time in regard to the possibilities of contamination of the bacilli of tuberculosis from the expectoration of consumptives distributed freely with the dust of the street, and I am just as positive that this is the very last and least excuse for the propagation and continuation of the tubercular bacillium.

I am firmly of the opinion that the tubercular bacilli are inoffensive within an hour after their departure from their normal place of propagation. Notwithstanding all this, as a matter of prudence, it is better to prohibit by law if necessary, the promiscuous expectoration of consumptives in the street, public halls, cars, etc., and to prevent the possible dissemination of tuberculosis through the uncleanness of diseased cows through the milk, etc.

On the completion of the new Seton Hospital, connected with the Eclectic Medical Institute, our school will have one of the neatest hospitals to be found any where in America or Europe, so perfect in its appointments as to leave little for fault finding, and by far the best accomodation for pay patients of all classes of any hospital in Cincinnati.

There are large, airy rooms facing on Eighth Street, and equal to the best sleeping rooms in any private residence; while in the side and middle of the building are less pretentious, yet quite elegant rooms; and in the new part of the hospital, facing on to Ninth street, cozy, well appointed rooms, which can be secured at \$1.50 per day. The amphitheater, arena, anæsthetizing and surgeon's rooms are all that could be desired. The friends of the Institute may well feel proud of this new acquisition, as it places the college second to none, and gives an advantage for the care of the surgical cases, and the means of clinical instruction to our students, first class in every particular.

With the opening of the college year, we bespeak for the new hospital a liberal supply of clinical material garnered from the fields of our active practitioners in this and the adjoining states; and with the same advice which the old farmer gave to his son, "go out in the world and make an honorable living, but be sure and make a living," so we shall ask our physicians to send in to the clinic by honorable means, clinical material, but be sure and send it in—from somebody's field of practice.

L. E. R.

ORIFICIAL SURGERY.

The fifteenth annual class for instruction in orificial surgery will be held in Chicago during the week beginning Sept. 16, 1901, and will consist of a four hours daily session. For particulars address

E. H. PRATT, M. D., 100 State St., Chicago.

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Competent authorities agree that very little medication is required or is desirable in the treatment of this disease. It is necessary to control the temperature of the patient, and the best means of reducing dangerously high temperature is by repeated sponging of the body with tepid water, the use of the wet pack, or, when the surroundings will permit, the employment of the full bath.

The alimentary canal should be kept in as nearly an aseptic condition as possible, and this may be accomplished by the judicious administration of zinc sulpho-carbolate (the Merrell company supply this remedy in the convenient form of 2, 3, and 5 gr. tablets).

The greatest danger which threatens the patient is that of intestinal perforation, and the remedy which will do more toward lessening this danger than any other is Solution Bismuth and Hydrastia—Merrell. It acts as a sedative and mild astringent to the entire intestinal tract.

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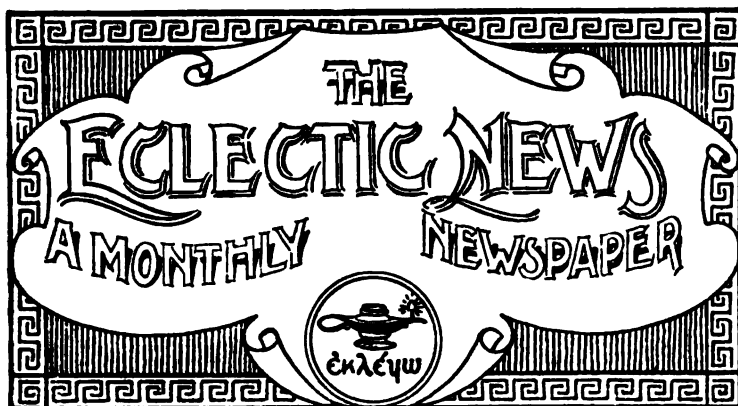
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BOOK NOTICES.

HISTORY OF MEDICINE. A Brief Outline of Medical History and Sects of Physicians, from the earliest historic period, with an extended account of the new schools of the healing art in the nineteenth century. And especially a History of the American Eclectic Practice of Medicine, never before published. By Alexander Wilder, M. D. 8vo, 946 pages, cloth, \$2.75. Published by the New England Eclectic Publishing Company, New Sharon, Me. For sale by the Scudder Brothers Co., Cincinnati, O.

This long expected work has been out about six weeks. We have had an exhaustive review prepared by Prof. Lloyd, but it is too long for the space at our disposal in this issue of the Journal. It will appear in the October number.

DISEASES OF THE INTESTINES. By Dr. J. Boas. Authorized translation from the first German Edition, with special additions by Seymour Basch, M. D. 47 illustrations. New York, D. Appleton & Company. 562 pages. Cloth.

This most excellent work is a companion to Dr. Boas' book on diseases of the stomach, and as no other similar detailed and exhaustive work is found in the English tongue, it will surely find a welcome among American practitioners. For clearness and directness few works upon medical subjects can approach it. The methods of examination are exhaustive and cannot fail to assist the practitioner to clear up many mysteries of intestinal wrongs. In reading over the anatomical descriptions of the intestines we could not but help wish that all anatomical works were as excellently written, for then this difficult and ordinarily dry subject would be an easy and delightful study. The physiological and physio chemical aspect of the intestines is thoroughly considered. In special sections indications and contra-indications for remedies are given. No physician should be without this book.

H. W. F.

SAUNDERS' QUESTION COMPENDS. Essentials of Refraction and of Diseases of the Eye. By Edward Jackson, M. D. Third edition, revised and enlarged. 12mo, 261 pages, 82 illustrations. Philadelphia: W. B. Saunders & Co. Cloth, \$1.00 net.

This compend, like all works of this character, gives only the gross characteristics of the diseases mentioned. On refraction the subject is discussed as well as could be expected in a work of this size. As an introductory work it will be all that is required, but the trend of students as well as colleges is for more comprehensive works than compends can supply. For quick reference, however, on the subjects treated, the work is of value.

K. O. F.

Dr. Ellingwood, Secretary of the National Eclectic Medical Association, informs us that the Transactions of the Chattanooga meeting will be in type September first, and will be delivered to the members during the month.

COLLEGE AND SOCIETY NOTICES.

The Eclectic Board under the new state law of Texas, has been appointed and organized as follows: President, G. Heloing, Bonham; Vice President, C. D. Hudson, Waco; Secretary, L. S. Downs, Galveston. The other members are Drs. D. L. Fix, J. N. White, N. V. Mitchell, Chas. Dowdelland, W. J. Bell. further information in regard to this Board will be given in some future issue of this Journal.

The State Board of Medical Registration and Examination of Kansas has just been organized with the following officers and members. President, G. F. Johnston, Lakin; Vice President, E. B. Packer, Osage City; Secretary H. W. Roby, Topeka; Drs. Williston, Lewis, Cook and Hatfield. Drs. Hatfield and Packer are the two Eclectics on the Board. The Secretary desires us to state that any one in the State desiring to register can secure full information on application. It will probably take two months to complete registration in the state.

The new State Board of Medical Registration in California has just been appointed with nine members, 5 Allopaths, 2 Homœopaths and 2 Eclectics. Dr. G. G. Gere, one of the Eclectic members, was chosen Treasurer. Dr. L. A. Perce is the other Eclectic on the Board. Further particulars in regard to registration will be announced later.

The annual meeting of the Texas Eclectic Medical association will be held at Houston, October 8th. An interesting program has been arranged. An operating table and several medical books have been

ECHAFOLTA

THE BEST REMEDY
IN ALL

SEPTIC CONDITIONS.

"During the recent summer, I believed I saved the life of a little negro boy by the use of Echafolta and this remedy alone. He was about four years old, and his surroundings were of the most unsanitary character and his nursing the poorest imaginable. In spite of these unfavorable conditions he recovered after an exhaustive disease lasting more than two months. The trouble began very much like a case of continued fever; but of a low type. He continued to get worse and about the second week experienced an alarming condition approaching collapse. The heart action became very feeble and intermittent. Following this depression came an exhaustive diarrhea of a choleraic character. I easily controlled this diarrhea with rhus aromatica. At this juncture septic infection became evident and the lungs were involved with a pneumonia of quite pronounced severity. I then began administering ten-drop doses of Echafolta. This had the effect of mitigating the symptoms considerably, and in a few days his condition was so much improved that I stopped the remedy, and then the symptoms became greatly aggravated. I again resumed the Echafolta, when a complete change for the better took place, but it was followed by another profuse diarrhea and I discontinued the Echafolta and again controlled the diarrhea with rhus aromatica. At this stage of the disease (third week) circumscribed, inflammatory swellings appeared on various parts of the body. These were sluggish, and, at first, quite painful, but soon developed into abscesses and would break spontaneously, discharging a sanious and offensive pus. The abscesses continued throughout the course of the disease (ten weeks) and numbered at no time less than six, appearing chiefly near the joints, on the neck, in the groin, on the back and one on the scalp. Feeling convinced at the time that Echafolta was the only remedy administered that seemed to hold the disease in check, I put him on ten-drop doses every three hours and kept him on it until complete recovery took place. From what I observed in this case I believe that the boy could not have lived without the remedy, for whenever it was discontinued he became alarmingly worse, and whenever it was resumed, his condition became better so promptly that I could attribute it to no other cause. The boy to-day is strong and hearty and shows no ill effects of his serious illness."

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EDITORIAL FROM E. M. JOURNAL.

offered as prizes for the best papers. Profs. Standlee, Graves, Ellingwood, Russell and Lloyd are expected to be in attendance. Several features in the way of entertainment have been provided. The second meeting of the Texas Medical Board for the examination of diplomas and applicants for license to practice medicine, will be held the same date and at the same place.

PERSONALS.

F. J. Longfield, M. D., E. M. I. '01, is located at Lathrop, Mo. and is doing well.

Married at Roop, Ky., John M. Jackson, E. M. I. 1904, to Miss Ollie Bevins.

DIED, August 19, 1901, at 1544 Chase, st. Northside, Cincinnati, Ohio, Dr. Sara V. Groff. Dr. Groff graduated from the E. M. I. with the class of 1891. She had been a member of the Cincinnati Eclectic Medical Society for a number of years.

FOR SALE, eclectic library. For particulars address Mrs. Amelia Jenkins, Carlisle, Ind.

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Location, for a German Eclectic in a town of 2600. Good pay and good business. For particulars address with stamp Dr. L. Martin, Batesville, Ind.

Good location at New Hampshire, Ohio. I am leaving for a larger place. For particulars address with stamp, Dr. T. E. Griffiths, New Hampshire, Ohio.

Location at Albert, Barton Co., Kansas. This is a good country town and an active young Eclectic could do well. For particulars address with stamp Rev. E. J. Williams, Pastor M. E. Church, Albert, Kas.

LOCATION WANTED.—A good western location by a practicing Eclectic of ten years. Would prefer moderately high altitude. Am a general practitioner, but do some surgery. Any one knowing of a good location would confer a great favor by addressing Dr. C. Jos. Ellis, 1835 Arch st. Phila. Pa.

READING NOTICES.

Dr. Joa. Swindell, of West Burlington, Iowa, writing, says: "I have been using Sanmetto for several years. I find nothing that suits me as well in genito-urinary diseases. I am using it right along in conjunction with treatment of urethral stricture. It soothes, checks and prevents smarting and inflammation that is so common after passage of bougie. Its ease of administration and formula should recommend it to the profession."

I believe Aletris Cordial to be a great remedy for the various uterine diseases. It acts, as an alterative and tonic, far in excess of any remedy I have ever used. I used it on a patient with congestion of the ovaries, with happy results; also on a patient with dysmenorrhea, with good results. Aletris Cordial is certainly a fine uterine alterative and tonic, and fills the missing link in therapeutical agents in the treatment of uterine troubles. W. T. WILSON, M.D., Bunker Hill, Ind.

The Department for Mental Diseases of Shepard's Sanitarium, Columbus, Ohio, has now completed its seventh year of successful business. The new additions to its buildings just finished, make its capacity 40 rooms, and gives ample space for 20 patients and their management. Its healthful location and beautiful shade, its progressive growth, modern equipments, and excellent management, all make it a desirable place for the treatment of the insane. The growth of this department now really makes Shepard's Sanitarium two distinct and separate institutions.

Everybody knows the condition—it's so extremely common and rebellious; some physicians call it general debility, or malnutrition, or nervous exhaustion, or a host of other names. Whatever its name or its cause, there exist the very striking facts that the blood has been impoverished, the nervous system ravished, the vitality sapped out. It would seem extremely rash to make the statement that any one remedy is equally efficacious in all of these cases, particularly so when the usually employed tonics—iron, strychnine, cod liver oil, etc.—have utterly failed. Yet such is the statement of thousands of physicians whose names are everywhere synonyms for eminence, integrity, ability; physicians who represent all that is best in ethical, scientific medicine. It is this class of physicians who make the unqualified assertion that Gray's Glycerine Tonic Comp. is uniformly effective in malnutrition, general debility, nervous prostration—whether the condition accompanies organic disease, acute infectious diseases, or exists without ascribable cause. Gray's Tonic begins aright in these cases; it makes a friend of the rebellious stomach—makes it docile, receptive, retentive. The patient improves from the start—has more strength, less depression and exhaustion. The

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physician notes the patient's ability to eat, digest and assimilate food—the dormant nutritive functions seem to assume new life. The blood rapidly regains the necessary elements for healthful nutrition of the entire body—the red blood corpuscles and hæmoglobin increase hand in hand; nervous force, vitality, is re-engendered; irritability, sleeplessness and exhaustion disappear. Restoration of constitutional vigor and return to health is but a natural sequence; it usually results in a surprisingly short time. Skepticism as to the truth of these facts may be entertained by those who have *never* given Gray's Tonic a fair clinical trial; but with those physicians who have tried the remedy, skepticism has yielded to the inexorable verdict of facts—actual, accomplished results. The experience of countless physicians leaves no ground for doubt that Gray's Tonic is the remedy *par excellence*—the pleasant, uniformly effective remedy—in waste of tissue and impoverishment of blood and vitality. Its *rapidity* of action is especially noticeable in convalescence from typhoid fever, la grippe, pneumonia and other exhausting ailments. Its uniformity of action is a certainty in all.

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In every case of gonorrhea warn your patient of the danger of conveying the disease to the eyes by the fingers, and of the fearful results of gonorrheal ophthalmia.

EARLY DIAGNOSIS OF LOCOMOTOR ATAXIA.—The poor results derived from the treatment of tabes is often due to the fact that an early diagnosis has not been made, or that patients do not apply for treatment in the early stages of the disease. Erb (*Med. Wochenschr.*) details a series of cases which had all been preceded by symptoms of secondary syphilis, some as far back as twenty-four years. In one group of cases the tendon reflexes were normal even after four to seven years' duration of slight lancinating pain, bladder insufficiency, sensory disturbances, easy fatigue, slight pupillary sign and "Rhomberg's Symptom." A second group presented no subjective symptoms whatever, and but very few and almost unnoticeable objective symptoms. Still another group was attended by marked gastro-intestinal disturbances, not typical of tabes, and with bilateral paresis of the sixth nerve and pupil sign. Author insists on the necessity of always investigating the knee-jerk and pupil reflex in suspected cases. Tabetic symptoms with an antecedent syphilis are always serious. Absence of a syphilitic history does not establish the existence of tabes, even though some symptoms may exist. For the pains in tabes dorsalis, Antikamnia & Salol Tablets have been found most excellent when given in doses of two tablets every two or three

hours. The antikamnia acts particularly upon the spinal cord and its sensory tracts, and consequently takes the place of opium and its alkaloids, so often used to relieve patients subject to these attacks. The favorable effect of salol in this and similar conditions is well known.

A French physician says that in profuse suppuration in wounds or cavities with necrosing walls, cream of tartar will yield good results when used locally.

THE HOT VAGINAL DOUCHE.—An editorial in the *Lancet-Clinic* for May states that "In female pelvic troubles there is no one remedial measure that is so much used and gives such good results as hot-water vaginal injections. Special stress is laid upon the quantity and temperature of the water and it is stated that from two to three gallons should be used and at a degree of about 112°.

However, to check abnormal secretions some astringent antiseptic preparation should be used, and for this purpose Micaiah's Medicated Uterine Wafers are particularly indicated. These wafers exert a tonic effect upon the mucous membrane and prevent reaction after douching. A thorough hot douche followed by the insertion of a Micaiah's Wafer presents an ideal treatment for diseases of the female genital tract.

ANODYNE TREATMENT OF ACUTE PERITONITIS.—McCaffrey (*The Etiology, Pathology and Treatment of Acute Peritonitis*) observes that the most pronounced indication for treatment in peritonitis is that for the relief of pain. Blisters and counter-irritation, the older resorts, are practically useless. Hot-water bags and poultices are far superior, but the relief they afford is only temporary. In some cases the ice bag is more grateful than hot applications. But whether hot or cold is employed, it should be relied upon only until other lines of treatment can be instituted. Papine should be given in teaspoonful doses every hour, and the doses repeated frequently enough to afford the desired results. Relief from pain, short of narcosis, should be sought, and this is generally easily obtained by proper dosage. Papine does not produce nausea, but rather prevents this symptom. In the event of the development of more or less prostration, a proper stimulant, such as strychnine or nitro-glycerine, should be judiciously employed.—*Medical News*.

Rhus aromatica is a valuable remedy for hemorrhage of the kidneys and bladder.

Turpentine along with castor oil is useful in cases of obstinate obstruction and tympanitis.

The best vehicle to keep bismuth in solution, according to Dr. Taurance, is pure glycerin.

The faradic current, repeated daily for five or six weeks will frequently cure varicose veins.

The following is a true story, though there is no need to name names or give places. A young man was taken sick with a fever, and as is now required, certain parts of him were taken to a bacteriologist—no small-fry, either—who went through the usual pow-wow, and, as usual, never having seen the patient, diagnosed a case of typhoid fever. On this the next regular thing to do was to cool down the patient in a tub of water, which was done—why it is done, seeing that it cannot reach the seat of disease, no one knows. After the fourth or the fifth day of this dousing the patient broke out in numerous spots and an old doctor gently whispered, "small-pox." And now they are wondering if bacteriology is as infallible as it assumes to be. *Hom. Recorder.*

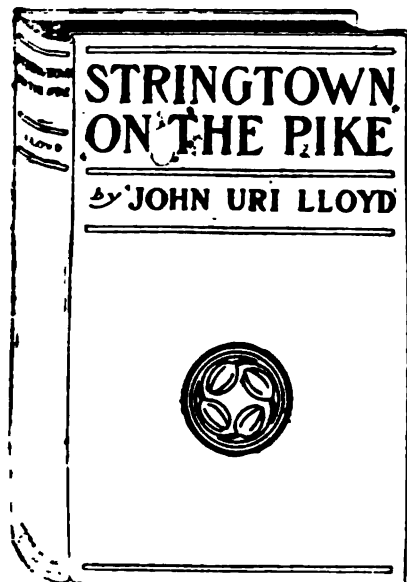
A hygienic exhibition intended for the training of mothers was recently held in Vienna. The chief feature of the exhibition was the display of all that is necessary to the care and nursing of little children from the earliest age, so as to give young mothers a sort of object-lesson on the proper treatment of their little ones. It was intended that the exhibition of new-born babes in incubators should form part of the show, but the authorities forbade this on the reasonable ground that there are objections to a public show being made of children requiring the extreme quiet and attention.

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MANAGING EDITOR.

Assisted by the Faculty of the Eclectic Medical Institute

Vol. LXI.

OCTOBER, 1901.

No. 10.

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VOL. LXI.

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ORIGINAL COMMUNICATIONS.

LYCOPODIUM CLAVATUM.

By Wm. F. Curryer, M. D., Indianapolis, Ind.

LYCOPODIUM Clavatum, or club moss, is a drug which is by many regarded as of little therapeutic value. It is a difficult medicine to prepare, but when the yellow powdery spores are thoroughly triturated, it becomes a remedy of great value.

The leading uses of lycopodium is found in affections of the digestive, urinary, and respiratory mucous membranes, and also of the skin, especially where there is mental and physical weakness, sallow complexion, impaired digestion, flatulency and constipation. Lycopodium acts favorably in all ages, but particularly upon the aged and in children. It acts favorably upon persons of feeble muscular development, with keen intellect, and a tendency toward lung and liver affections. In these cases we generally find the uric acid diathesis, for which lycopodium is also a great remedy.

The lycopodium case is sallow, sunken, impoverished, with a premature old appearance; children with large heads and attenuated bodies. Those latter cases are irritable and restless when indisposed, are ugly in disposition, will kick, scream and fight their nurses and attendants.

Lycopodium is one of the most important remedies for flatulency; carbo-veg. and china off. are also of service in these cases. We think of china off. in distension of the whole abdomen; carbo-veg. in the upper, and lycopodium in the lower parts. With lycopodium flatulency we often have hepatic disorders. A feeling of satiety alternated with hunger of a peculiar character, is one of the characteristics where this remedy is indicated: go to the table with almost "canine hun-

ger," and after the first few mouthfuls, are so distressingly full that no more food can then be taken.

Lycopodium, like *nux vom.*, is used for constipation: *nux* where peristalsis is deficient or irregular; *lycopodium* with painful spasm of the anal sphincter.

Liver affections benefited by *lycopodium* are most often of the atrophic variety, while those of china off. are hypertrophic; both remedies being valuable in their respective spheres.

Lycopodium is also a valuable remedy for impotency in the aged. An old man who has recently married his second, third, or possibly fourth wife, finds himself slightly embarrassed—"not equal to the occasion"—which may also be embarrassing to the newly acquired member of the family. A few doses of *lycopodium* act here as a vitalizer or rejuvenator; all now goes well, and the doctor is made the warm friend of the connubial pair.

Lycopodium seems almost as important a remedy for renal ailments as for hepatic disorders; in the uric acid diathesis (sand in the urine), brick-dust sediment, etc., renal colic with great pain, this drug meets the indications more promptly and permanently than any other.

Lycopodium is used with success in suppurative tonsillitis, in some cases of diphtheria, ovaritis, metritis or orchitis, nasal catarrh with complete stoppage of the air passages, chronic pneumonia with hepatization and dyspnoea; large mouthfuls of mucus are expectorated without relief; the alæ of the nose expand with fan like motion: here this remedy acts almost miraculously.

Lycopodium also favorably influences the sensorium of the aged. Where memory fails, often using the wrong word in speaking or writing, it often acts as promptly, and in some cases more so, than phosphorus or other brain remedies.

This drug as a remedy is worthy of the careful consideration of our school of medicine. Our homeopathic friends have long enjoyed a confidence in the remedy for specific conditions, that should prevail in our ranks.

Lycopodium is valuable in many forms of skin diseases, especially those of the suppurative variety. The writer especially finds this remedy of pronounced value in all complaints attended with excessive flatulency.

You perhaps may have used this remedy without satisfactory results. The remedy may have been indicated, your case may have been properly selected, your drug of first quality, and yet you may have failed to obtain satisfactory results. You have probably given too much medicine. We fully appreciate the feelings of many in regard to small doses. Some may think the directions on Lloyd's bottles of specific tincture of *lycopodium* too small, but my experience warrants me in saying it is too large; the dose can hardly be too small to obtain the best results. The fifth, tenth, or twelfth decimal dilution

will usually bring results when the drug is indicated. Do not be a "doubting Thomas," but "prove all things, and hold fast that which is good."

SYPHILIS HAS A SPECIFIC MICROBE.

By L. E. Russell, M. D., Cincinnati, O.

AT our last State Eclectic Medical Association, at Put-In-Bay, while describing some of the latest researches in the medical world, I made mention of the fact that while in Paris, I formed the acquaintance of two of the foremost French savants of Pasteur's Institute, who have recently made a careful bacteriological research on syphilis. I stated that Drs. Lisle and Julien had filed in the Academy of Medicine, in Paris, France, a paper regarding their discovery, and that said paper was to be presented for discussion by the Academy of Medicine on the first of July.

On my return home from our state medical society, I found a letter awaiting me from Dr. Lisle in which he says: "We made our communication to the Academy of Medicine, in Paris, on the first of July, and it was discussed by the leading medical men of the Academy, all admitting that it was the greatest discovery of the age, and equalled the enthusiasm manifest when Pasteur announced to the medical world his discovery of the hydrophobic microbe, and the method of its destruction." He furthermore states that they have been using a serum or anti-toxine for the destruction of the syphilitic microbes, which apparently makes a complete cure within a month's time.

I am also in receipt of several French medical Journals, commenting very highly upon this new discovery. The paper in question is herewith translated, and reads as follows:

BACTERIOLOGICAL RESEARCHES ON SYPHILIS.

BY DRs. JUSTIN DE LISLE AND LOUIS JULIEN.

We have the honor of presenting to the Academy of Medicine the researches which led us to the discovery of the pathogenic microbe in syphilis. Although the blood of syphilitic patients has been examined and found sterile from a bacteriological point of view, it is on this liquid that we have brought our studies to bear, because it seems impossible to us that the agent which scattered the infection through all parts of the body, would not be contained there, and that we might hope to encounter the shelter of all the impurity. We have taken care in choosing cases of recent contamination, and remain exempt from specific medication. After disinfection of the skin, we drew the blood directly from the vein, by means of a sterilized needle and syringe to the autoclave; we then examined the nature of the blood and the serum.

Under these conditions, we established the presence of a round body, granular, very refractory, susceptible of passing the Chamberland

filter, endowed with a mobility perhaps *brownienne*, and already seen by other observers. But be it in the cultures, be it by the inoculation of the animals, these products have not yet given any results. We were not surprised, knowing that though the syphilitic blood for a time coagulated, is inoffensive, and we recall the celebrated experience of Pelizzari, inoculation the result of bleeding three young persons, one of which alone proved contagious, the other two not having been put in contact with the liquid thickened and already chilled; and the one of ours has not been written since 1886; we believe that it could be admitted, except as demonstrated, less than probable, that the virulent matter is not at a soluble point in the serum.

These facts were brought to the knowledge of modern biochemistry which has revealed in the blood after its coagulation, that is to say in the serum, the presence of a large number of bacterium: only alexine. To avoid the development of this substance, we have pursued our experiments with plasma, and with the liquid of a blister in which we have been able to discover the absence of alexine, that it was either a question of ordinary blister of the cantharides or of the blister of the hammer applied with the instrument of Mayor, especially important, and on which we believe, we are the first to discover this knowledge. The plasma obtained by the actual means used in the laboratories, we have several times discovered, contains bacterium in the form of bacilli; in all the cases, we put it in the culture on the ordinary medium, and of other species we observed it attentively, and if in 48 hours, the results were not positively shown, we treated it by the sac process. We have thus been able to reveal a bacilli of which we are able to day to give the following significant traits: This microbe is essentially polymorphe, its aspect varying from that of a short bacilli measuring 5x8 m. in length, and of 15 centiemes to 3 diziemes in width, to that of a filament very elongated; its extremities are vaguely rounded, not swollen in club shape. It is animated in its movements, and evolves under the field of the microscope. It takes all the coloring matter, but it is necessary to avoid its withering in the flame where there is a temperature above 60 degrees; it can be tested with the advantage of alcohol, or a solution of osmique acid, or saturated with a sublimate watery solution, and an additional acetic acid. It does not take gramm reaction.

Placed in broth, it thickens in 24 hours; and after four or five days it forms a thin scum, which does not spread or thicken. It slowly liquifies gelatine; in pricking, it does not determine a cone, nor run out, the liquid of the tube is thick and flaky, with a greenish shade, the gelatine not being colored, remains even on its surface. On the gelatine in a box, the mass appears in 4 or 5 days, rounded, with irregular extremities, grayish, and in from 10 to 20 days, all the gelatine is liquified.

On ordinary jelly, and a jelly of glycerine and peptonized, it produces a creamy coat always humid, and a very light greenish tint. It sprouts very well on a potato, glycerined, in form of a whitish tint, neither dry nor scaled, which gathers at the bottom of the tube. On solid serum it grows invisibly and without liquifaction. On amniotic liquid, it sprouts with abundance. On some of the many vaccines, with some of the cultures of pyocyanique, or of coli-bacilli, it sprouts very well. It does not congeal in milk, but precipitates caseine into a greasy layer at the surface; the reaction is alkaline. Its anaerobic development is slow. It never produces pyocyanine nor indol. The greater part of these cultures are of an insipid odor, disagreeable but not fetid. The sudden modifications of this microbe are important; at first its length was believed to measure that of an old culture; at the end of five or six days, it becomes stringy; after about ten days, it is granular, and has assumed the aspect of the round points before mentioned, and seen in the plasma, but at this moment, the transplantation could make the bacilli reappear with all the primitive characteristics.

At the end of 30 days, all is granular and seemingly dead, the transplantation in the middle ordinarily remaining sterile, but at this moment, and later also, in the delay, that it is impossible for us to actually state precisely a passage by the sac could animate all. In this body therefore, there seems to center the firmer part of the virulent agent, and live, to all appearances, the astonishing survival of disease which we possess.

Our cultures injected into the peritoneum of the guinea-pig hasten on paralysis, emaciation, abortion, and death between 10 and 15 days. The young guinea-pigs are killed by the process in 12 hours.

Injected under the skin, the same symptoms are found, the falling off of hair, and the greater formation of an indurated plate with ulceration accompanied by obstruction of the neighboring glands. At the autopsy, we found the urine albuminous, the spleen contracted, sometimes the liver and kidneys in a fatty degeneration, and the blood always sterile.

In the frog, the effects are more striking, and death occurs in 36 hours. The fact that the cadavers of all our animals are sterile, we have brought about a research, if it is not the same in man, and we have stated without surprise, that on the many autopsies practiced in the special hospitals, science does not mention a single fact of specific contamination, by pricking in the amphitheater.

One cultivation of our microbe, three days old, and put in contact with the bloody serum of a syphilitic in force of symptoms, determined distinctly the agglutination, a phenomenon which was not produced with the serum of a healthy man. In the syphilitic, inoculation of our cultures, be it on sound flesh, or a bloody rent, remains without any result.

A last, principal phenomenon, and to which permit us to call your attention, alexine contained in the serum of an immunized animal, from the repeated injections of syphilitic plasma, is settled on this microbe. We know that the reaction is due to the intervention of a substance, special sensibility, engendered by vaccination.

Having injected the culture into the marginal vein of a rabbit, we bled the animal at the end of three days, and with its blood made some plasma and serum. The sowing of these products have given the following results: the plasma has furnished an abundant production of microbes, while those in the tubes with the serum remained sterile. The same experiments executed with the plasma of non-syphilitic patients have never revealed to us the microbe of which it has come to be a question.

Let us sum up 1st, we have found this microbe in the syphilitic in a florid stage, in all these syphilitics, and nothing in the non-syphilitic; 2nd, this microbe agglutinizes the serum of syphilitic patients, and does not agglutinate that of healthy persons; 3d, it determines in animals of the laboratory, some of the special and comparable accidents to those which we observe in man; 4th, it fixes the special alexine of vaccinated animals with the syphilitic products; 5th, its cultures are without effect on the syphilitic disease; 6th, as in syphilis in man, our microbes have died with the infected animals.

For all these reasons, we say that the bacilli which we have succeeded in isolating in the blood plasma attained by the disease of syphilis, is the pathogenic microbe of this infection.

SOUTHERN CALIFORNIA.

By A. J. Crance, M. D., Pasadena, Cal.

I WILL endeavor to give a few facts concerning Southern California. True, my sojourn has not been extended over a great period of time, yet certain conditions are present that to an observing mind can be passed upon speculatively. There are many features of interest other than those looked upon from a medical standpoint. California is a State that has been extensively advertised, and from this fact many "globe trotters" have sought its corporate boundaries to observe its wonderful natural gifts, and to imbibe the balmy atmosphere of its pleasant clime. From its geographical position and a coast line of seven hundred or more miles, together with a warm ocean current coursing not far from its shores on the west, we naturally would infer climatic conditions to be modified in various ways therefrom; also contributing with this feature is the natural formations inland, such as the vast mountain ranges paralleling the coast line from north to south. The typical sanitarium of nature is not, however, encompassed by the far-reaching boundaries of this great State, but rather confined to certain geographical limits within its own borders.

Much has been said and written commendable of many places in the west and middle west, relative to the superior features one locality presents over another as a health resort. I believe this variance of expression by physicians to emanate from prejudicial causes in many instances, rather than demerits actually existing. Be that as it may, Southern California presents variations suitable to meet the demands of the most exacting. Without being unduly biased, I may mention certain facts relative to Pasadena and environs which I am certain can be duplicated in other sections of the southern part of the State. Other States of the Union can boast of a warm winter climate, such as is observable in Florida in particular, but where within the confines of the United States will you find this warm temperature associated with different ranges of altitude so pronounced as here? From the ocean level to snow capped peaks of the lofty mountains within an air line of less than thirty miles.

Pasadena is spoken of as the "Gem of the San Gabriel Valley," and in many respects can justly claim the title. Its peculiar location on the high mesa of the valley, with mountains surrounding excepting the opening to the southwest, from which the ocean breezes enter, seems to give it the protection that has rendered it far-famed as a resort for invalids. The nature of the soil is of a gravelly quality, or much of it made up from decomposed granite, which renders it porous and not susceptible to the retention of surface moisture; hence it is always almost dry even after a rain. Miasmatic diseases are unknown, and only in certain places throughout the country, where the peat or moist lands abound, do evidences of this disease manifest themselves.

The climate necessarily is and must be varied where differences of altitude and distances from the ocean are present. The modifying influences of both are observable, and it is owing to this fact that invalids find suitable localities especially adapted to the individual wants of their physically diseased natures. Most any climatic condition can be found, generally with the element of dryness prevailing, except possibly near the ocean level. The temperature fluctuates owing to season, but at no time is it oppressive, or shows the mugginess so characteristic of the prostrating heat of the East during the summer. The ranges of mercury are usually from 80° to 90° F. as maximum, and 60° to 70° minimum, for average summer temperature. Occasionally an excess of this is registered for a short period, or the reverse takes place. In the arid regions about the desert, a much higher range is recorded, but that section is foreign to this article.

Owing to the dryness of the atmosphere, a temperature of 90° here is not so oppressive as 75° in Cincinnati.

The winter records will probably average from 70° to 80° as maximum, and 34° to 50° as minimum, with some allowances for extreme variations slightly either way. This is not an official record, but occurs to me as an approximate nearness from observation. The sun's direct rays when not obstructed are hot during the summer months,

but it is a heat characterized by dryness and not accompanied with that smothered, oppressive feeling that goes with heat and humidity combined. It is also notable how agreeable and cool the temperature when the solar rays are intercepted. The nights are comfortable for rest and slumber at all seasons, and is a cause for remark by strangers generally.

The average California "boomer" would have you believe that fogs are an unknown quantity, but such is not the case; they *do* occur, and their frequency is markedly prevalent during the spring months of April and May; likewise at any time of the year occasionally other than these two months. Their peculiarities are a high and a low or ground fog. The former often does not condense and precipitate its moisture, when again the reverse takes place, and a misty haze follows. It is rare for them to endure the entire day, being dispelled before the noon hour.

The rainy season begins in November, with possibly a shower or two in the month preceding, and at irregular intervals the months following until April. The periods between rains are made up of a bright warm sunshine, enduring at times for weeks. It is then "the desert is made to bloom."

From the fact of its even and mild climate, together with the great amount of sunshine and dry atmosphere, it is peculiarly adapted to individuals for whom out-door life furnishes the key to restoration of health. In no instance probably is this demand more pressing than in those suffering from tubercular lung and throat troubles. It is not a climate that will give life to the dead, nor restore an absent lung; but to those in whom the early inception of pulmonary infection is recognized it affords commendable advantages. Too often it is the case that invalids are sent here in the last stages of these maladies, only to hurry them to the great beyond; their own helplessness serving but to cast a gloom over the hopeless position of a stranger in a strange land. The advice of change for a patient frequently emanates from the family physician who, in the early history of his care for the sick, fails to recognize the basic element of the disease, and only when pronounced features are exposed, and the golden opportunity lost, is the advice given to go west and—die!

Pasadena has a population estimated at ten thousand normally, and during the winter season probably over half as many more, which is an influx of tourists and health seekers. To these latter the physician exchanges good advice for some of Uncle Sam's passports, and adds not a little factor towards encouraging the disciple of Æsculapius to emigrate here. The Pacific coast affords more physicians to the square inch than any other section of the United States. All schools, pathies and isms are represented, together with the Christian Scientists and Massage healers. Estimating all physicians, Pasadena can boast of between ninety and one hundred. The members of the Eclectic persuasion that I have been fortunate enough to meet are representative of the *best* of any other school.

In closing let me say to any one contemplating a change to this coast, do not come with an inflated idea uppermost in your mind that you are needed; others have done so, and report regretting it. The almighty dollar looks as large but has not the purchasing qualities of the east, and the face of the Goddess of Liberty gets badly scarred by efforts to retain it.

THE INFANT AND ITS CARE.*

BY C. L. Johnstonbaugh M. D., West Bethlehem, Pa.

THE infant and its care being the subject of this article, may not develop anything new or startling. Yet when we stop to consider the delicate little organism, and the diseases it is caused to endure, we can not be too well versed in the best means to combat these diseases; and to look toward a natural development.

I wish to begin with the completion of the second stage of labor, and to look at a few of the things that come under the doctor's care, for at least a few months after birth.

First the infant is separated from the mother by thoroughly ligating the cord; so that there can be no bleeding. Next the infant should be carefully placed in a good warm blanket until the nurse is ready, at the proper time to wash and dress it; and this function should always be supervised by the physician.

After the child is thoroughly washed the doctor should with his own hands dress the cord, and apply the bandage, so that he may note carefully, whether there be bleeding of the cord or not. I wish to state at this point, that most of the bandages that are prepared for this work, are entirely too wide; the bandages need not be more than 4 inches; so that when neatly applied, there will be little or no compression of the lower ribs to interfere with free respiration. All this being carefully attended to, the infant should be wrapped in a moderately warm cloak or shawl, and warmth applied to the extremities, should they be cold from being exposed more or less, during the dressing process.

Now at this point the question is usually asked, how shall we nourish the child. It is surprising on one hand to note the number of mothers who can not for good reasons nurse her offspring, and on the other hand those who will not even attempt to do so, because it might confine them too closely, or interfere with their social functions in life. And above all, those who (through much modesty) would not be seen by any one, to place her infant to her breast for nurse. When the mother's milk can not be used, the question is always asked the doctor, what artificial food shall we use. You are all aware of the great number of foods, on the market today, each lauded by its manufacturer as the best. Now after a number of years of experience in this line, I have narrowed down to about two foods, namely, cows' milk and Horlick's Malted Milk, each to be prepared to the best

* Read before the Pennsylvania State Eclectic Medical Society, June, 1901.

advantage, to suit the individual case in hand. I wish to state, that in the preparation of cows' milk, I order $\frac{1}{4}$ to $\frac{1}{2}$ its bulk to be strictly sterilized water, so that the solids may be, as nearly like the mother's milk as possible. Now by the adding of water, to reduce the solids, we have reduced the fattening portion of the food, the butter fat; now to make good this loss, I order from a teaspoonful to a tablespoonful of good sweet cream to be added to every second bottle, presuming that the child is fed only every 2 or 3 hours. I also have all milk for infant feeding thoroughly sterilized, then corked tightly, and placed on ice, and all food to be given warm.

In the use of Horlick's food, I usually order about two-thirds the quantity of food, to the required hot water, and add the cream. I find by so doing the skin is kept in a better condition, and is not so liable to become scaly and rough.

Next we come to the condition known as ophthalmia neonatorum which manifests itself in from thirty-six to seventy-two hours after birth, and is characterized by redness of the lids and conjunctiva, with a muco purulent or pus discharge from the eyes; the amount of discharge will be governed by the severity of the case. The disease is usually caused by the eyes becoming infected from the vaginal discharge during birth. Many authors on ophthalmology, advise the use of different washes for the infant's eyes. Some go so far as to advise a wash of argente nit., which procedure I condemn. I believe in thoroughly cleansing the eyes with good sterile water, either alone or to which gr. x of boracic acid to the oz. has been added; this to be used two or three times a day, for ten days. Should the case develop, with the characteristic symptoms and discharges, then the boracic solution may be used much stronger, even to a saturated solution, each cleansing to be followed by dropping two drops in each eye of the following: R—Lloyds hydrastis gtt. xx, zinc sul. gr. j, cuprum sul. gr. ss., aqua dist. q. s. f. 3 j. This to be mixed and filtered, and in from one to four weeks the eyes will fully recover, without ulceration or cicatrices.

Next we come to the condition known as "baby sore mouth." The mouth is first noticed to be red and inflamed; and in a few hours the red surface is studded with gray colored vesicles, which proceed to ulceration, and the surface is then covered with white crusts; the condition is very painful, and causes a great amount of suffering, the child being very cross and peevish. Digestion is materially interfered with, and in some cases, wholly arrested, the green, slimy, watery stools, being a result.

My treatment in such conditions is locally as a wash every 3 hours: R—Asepsin grs. v, biborate of soda grs. x, salicylic acid grs. x, to a teacup of hot water, the same to be used carefully, without trying to rub off the white crusts.

Internally I give the indicated remedies. Should there be no great amount of derangement of the digestive organs, usually all that

will be needed is: R—Aconite gtt. j or ij, phytolacca gtt. x to xx, echinacea gtt. xx to xxx, aqua f3iv, a teaspoonful every 2 hours. Sometimes nux vom, colocynth, euphorbia, or ipecac, may be used as needed.

Now during the first eight to twelve weeks, we have many little things to contend with; the worst is the colic, which is usually due to the child nursing too fast or too often, this is usually overcome by small doses of lobelia and nux vom. It is our first duty to see that the stools are of the natural color and consistency. Should they become green, watery and slimy we must look for a wrong of the alimentary canal, or the food.

I have found in such cases, no difference what food is given, that to decrease the amount, and lengthen the time between feeding to be very essential. For the green, watery and slimy stools, I find nothing better than calomel 1 30 to 1 40 gr. every hour; for 5 hours, the last dose to be followed in one hour with a teaspoonful of castor oil; this to be given every other day, until the stools remain yellow, at the same time. I give the spotted spurge, nux or colocynth, as may be called for. This part of the treatment is to be continued until all irritation is relieved, and until digestion is performed perfectly; so that there may not be any particles of undigested food to pass with the stools. It seems to me that by guarding carefully against the above named conditions, we would have very few cases of marasmus to treat.

Having tried to show you one condition of the infant, that being the most unpleasant form of diarrhoea, now let us look for a few moments on the opposite side of the question, that of constipation. Constipation is usually accompanied by atony, with decreased peristaltic movements of the intestines. Should the child be breast fed, it is our first duty to look after the mother, to see whether this function is properly performed by her; if not it would be folly to give her infant the laxative treatment, and let her go unnoticed. But should the fault not lie with her, and having decided that the cause is one of atony of the stomach and bowels or either one alone, I know of no better remedy than the laxative fruit syrup, prepared by J. A. Williamson, of Frederick, Md., with minute doses of nux vomica or matricaria.

Having passed along with the conditions above given, it brings us to the fourth or fifth month of the infant's age, at which time another condition presents itself. How anxiously the fond father or mother looks for the first appearance of a tooth, granting this to be a natural physiological process, and should be completed without pain or suffering, yet every one of us present knows too well the suffering and annoyance that are caused by it. How natural it is when called to see a child of this age, to have the mother say, baby seems to be cutting its teeth very hard.

One is sometimes surprised to see the awful congested condition of

the gums, over the approaching teeth. This condition being present, we should at once incise the gum, to let out a few drops of blood, and by so doing, the pressure is removed from the little nerves which supply these parts, thereby removing the tendency to reflex action, which is usually followed by convulsions. In such cases I prescribe *rhux tox*, *belladonna*, *gelsemium*, *passiflora* or bromide of ammonina, as may be indicated.

THE NATIONAL.

By G. W. Johnson, M. D., San Antonio, Texas.

IT should be the desire of the officers elect of an association to further the interests of the organization that has honored them by electing them to its offices. I fully appreciated the honor that was conferred upon me at Chattanooga, and keenly realize the importance of obtaining the co-operation of all whose purpose it is to build up our organization.

It has been suggested that the session of the National be extended to four or five days. I am personally in favor of extending sessions to at least four days, because I believe it will result in good to our Association. It is evident that something more than electioneering and selecting next meeting place must be done if we expect to maintain the membership that this organization should have. The officers do not wish to assume the entire responsibility of making this change. They want this change, if made, to meet with the approval of the majority. My reasons for advocating this change are:

1. That it will give each section plenty of time to present subjects coming under its respective heads in an intelligent and profitable manner, and to the satisfaction of all in attendance at the meeting.

2. The officers of sections will take more interest in work assigned them, if they know that their section will be accorded sufficient time, thereby giving the men whom they have secured to assist them an opportunity to present and have their papers discussed.

3. It will prevent the entire time being taken up by one or two sections.

It is very little encouragement to a man to go to the trouble of preparing a paper to be presented by title. There might be some important points brought out in discussion, that would prove of incalculable value to each and every member. I feel that this fact is one reason why there is not more interest taken in association work. And again, if one knows that his paper will in all probability be read and discussed, he will take more pains in its preparation, thereby proving a direct means of improving him in a literary as well as in a scientific way.

Some may offer as an objection to extending the session, that it will result in too much discussion of subjects of no especial interest to the members of the Association. To offset this objection, I will state

that I think this can be guarded against by proper limits of time to discussions.

Some have suggested that it would be better to have two sections work at the same time. I feel that this would not work to the best interest of the Association. To pursue this course I think would be to overlook the interests of many members of the Association. It would be depriving them of the advantage accruing to them from proper discussion of subjects of special interest. It does seem to me impracticable to induce members to spend the time and money necessary to attend these meetings without more assurance of return in the way of scientific investigation. It should be our aim to advance.

The officers of the National are deeply interested in the welfare, present and future, of the Association, and fully realize the importance of making a success of each meeting. It shall be our aim to do what is in our power to further the best interests of the Association. In this we hope to have the co operation of our physicians in every part of the country. Whatever our personal differences and views may be, we are working to upbuild the cause of progressive eclecticism, and sustain our medical organizations. "The greatest good to the greatest number" shall be our motto.

We ask that the officers of State associations take this matter up now that they may stimulate our men in their respective States to renewed energy. To strengthen the National is to strengthen our state organizations. We are in the work not to oppose any medical organization, but to build up the true principles of Eclecticism.

HOSPITALS OF LONDON.

By O. C. Welbourn, M. D.

LONDON, as a city, is old, dark, gloomy, and in many places forbidding. The streets are narrow and crooked, and brick or stone houses covered with the soot of ages seem to crowd the narrow sidewalks. The small rooms of these houses are poorly lighted and have a damp, cellar-like air even in the favored month of June. Ordinarily cheerless, they are indeed dismal when a fog wraps the city in its clammy embrace.

Personified phlegmatic conservatism ogles the stranger from behind a monocle, and complacently rides to business on the top of an omnibus which looks like an overgrown hencoop. It jolts along at a maximum speed of four miles an hour when not drawn up by the sidewalk to allow the conductor to solicit passengers, or those already aboard to get down.

Because of his selfsufficiency, the Englishman is frequently genial, and is rather proud that Americans look upon England as the mother country. He thinks our pace is just a trifle too fast, but is inclined to be indulgent because of our youth and inexperience. The feeling

is possibly akin to that of the sober-minded father when he thinks that his heir is sowing rather a large field of wild oats.

The London Hospital and its staff are characteristic of the city and its people, and they would be anomalies elsewhere. Most of these hospitals were erected before aseptic surgery was the fashion, but the trustees of some of them have met the emergency by building modern wards with proper operating rooms attached, wherein it is possible to do good work. It is a fact that one seldom sees poor surgery, and very clever work is not rare.

A few of the London hospitals are supported by endowments, but the majority of them are built upon the shifting sands of voluntary contributions, and the calls for help are almost as frequent, loud and urgent as are those of the Salvation Army. While the charities of London are great, they are not out of proportion to her wealth, and her citizens have the reputation of being miserly. The poor abound in every large city, and when afflicted with disease they flock to her hospitals. In London the student will find an abundance of material, with a fair percentage of cases with rare diseases, or those cases interesting because of multiple or unusual complications. The number of students is not so great but that it is possible to have a given case assigned to the one to whom it is the most interesting, and thus every hour of work produces a valuable addition to the sum total of his practical professional knowledge.

SKIN DISEASES.—FUNCTIONAL DISEASES OF SWEAT GLANDS.

By E. H. Moore, M. D., Rew City, Pa.

[Continued from page 500]

HYPERIDROSIS.—This disease is characterized by an excessive amount of the watery excretions of the skin, manifesting itself on the surface of certain parts, or over the whole body.

Symptoms.—Hyperidrosis may be acute, chronic, local, general, idiopathic, or symptomatic. When idiopathic, it is generally the result of some extraneous source of heat, exercise, excitement, or due to corpulency. In this form we find the local varieties which affect the face, neck, axillæ, genital organs, palms of the hands and soles of the feet; any or all of these localities being implicated at one time. Sweating of the axillæ is annoying, inasmuch as it stains the clothing, causes a bad smell, and from irritation of the wet clothing is apt to make the parts sore, or produce an eczematous condition. Eczema is liable to result in any folds of the skin during the existence of this trouble. On the palms of the hands, excessive perspiration, from evaporation, causes the hands to be cold and clammy, bleaching and wrinkling the skin. Where the feet are suffering from this disorder, the epidermis peels off between the toes and from the soles of the feet, interferes with walking, is the starting point for corns and callosities, interferes with a healthy production of the nails, and is often attended

with a very disagreeable odor. Where there is no destruction of the epidermis, there is apt to be some pruritus or tingling sensations, but if the epidermis is cast off there may be soreness or actual pain. We find the symptomatic form in phthisis, pneumonia, bronchitis, typhoid or malarial fever, lesions of the liver, kidneys, or some form of nervous or exhausting disease.

Etiology.—This disease affects both sexes and any age. The idiopathic form is more frequently found among the corpulent, and where there is an undue amount of external heat. Prevention of evaporation will also cause it to form on the skin in large quantities. The symptomatic form occurs without any particular reference to temperature, and is usually a direct result of some debilitating, or exhausting disease.

Pathology.—There is no pathological change in the glands. It is only a functional wrong, but may or may not be the result of a pathological wrong.

Diagnosis.—This disease is easily recognized. Seborrhea oleosa might be taken for it, but the latter is of an oily nature, which clears the diagnosis.

Prognosis.—The idiopathic form of this disease is usually amenable to treatment. The symptomatic form is dependent on the nature of its cause, and ability to remove it, yet much can be done to alleviate the condition outside of an actual cure.

Treatment.—Idiopathic hyperidrosis, being a result of increased temperature, impeded evaporation, or over exertion, is benefitted by a removal of these conditions. Hygiene, in the matter of clothing, cleanliness and general surroundings needs attention. Symptomatic hyperidrosis calls for a careful study of the underlying disease, to which the principal treatment is necessarily directed, with sufficient attention to the sweating condition to keep it under reasonable control.

Local Treatment.—Dusting powders, as a means of temporary relief, are used for their astringent and absorbing qualities. For this purpose tannic and salicylic acids, naphthol, aristol, subnitrate of bismuth, oleate of zinc, carbonate of calcium, and various other remedies are used singly or in combination. Lotions are employed for their astringent effect, or in case of denuded surface, for their antiseptic qualities. Bichloride of mercury, permanganate of potassium, boracic acid, plumbum acetate, sulphate of zinc and perchloride of iron are among the best substances from which to select in making lotions. When the feet have become sore, they should be washed each night in cold water, to which some antiseptic should be added, and dressed with borated cotton, or some mild astringent ointment. Diachylon ointment is perhaps the best in this case. Naphthol and boracic acid also make good ointments for this purpose. Various acid baths, or baths with the addition of cider vinegar are often used with great benefit.

General Treatment.—Where the sweating is general and is the result of weakness, strychnia, given in 1-60 gr. doses, three or four times a day, will generally relieve. If the sweating is general, but periodical, coming on at certain times of the day, quinia, given in gr. ij to v, an hour apart, for two or three doses, the last dose coming an hour before the sweating period, will usually break up the condition. Where the sweating is the result of nervousness, or occurs during low grades of inflammation, with restlessness or delirium, camphoric acid in doses of gr. $\frac{1}{4}$ to gr. v may be given. In colliquative sweating, of debilitated patients aromatic sulphuric acid, in doses of gtt. v, to gtt. xx, well diluted, given three or four times a day, will control this condition and otherwise benefit the patient. If the sweat has a smell of urine, cantharides will relieve it by stimulating the kidneys, and carrying the watery constituents off through that source. For cold and relaxed skin, and cold extremities, belladonna is the remedy. Carbonate of calcium where the feet are cold and sore. Carbonate of potassium, where the feet have a bad smell and where corns and chilblains are present. Many other remedies are in use, but the foregoing will meet most all requirements.

Bromidrosis.—Bromidrosis is characterized by a disagreeable odor of the perspiration. It is rather arbitrarily considered as a functional disorder of the sweat-glands, whereas it is in some cases purely physiological, in others due to certain ingesta, and still in others a natural effort to rid the system of poisons produced by internal lesions.

Symptoms.—The negro and many other races have a characteristic smell, which is governed by the amount of perspiration and the degree of cleanliness. There is more or less odor emanating from all persons, though not necessarily of a disagreeable nature. This is evidenced by the ability of a dog to follow the track of his master by scent, which not only shows the presence, but that each individual has an odor peculiar to himself. The odor of onions and leeks will be noticed in the sweat of persons who have recently eaten them. Various drugs, such as sulphur, asafoetida, turpentine, or musk will exhale their characteristic odor with the perspiration. General diseases exhibit their peculiar odors. In rheumatism it is acid; in jaundice and peritonitis, musky; in syphilis, sweet; in scrofula, like stale beer; in intermittent fevers, like fresh bread; in other fevers, ammoniacal. This condition may be local or general. When local, the feet, hands, axillæ, chest, abdomen and groin are its usual locations. When the feet are affected, the stockings become saturated, decomposition of the secretions take place, and irritate the skin, causing the soles and between the toes to become sore and tender, frequently interfering to a great extent with walking, and producing a very offensive smell. This condition is usually symmetrical. Bromidrosis is sometimes so severe as to seriously interfere with the person's association with other people.

Etiology.—Bromidrosis is found mostly during middle life, but may occur at any age, or in either sex. It is more common during summer and among people exposed to great heat. It frequently results from nervous disorders.

Pathology.—No pathological conditions exist, unless they are of a secondary nature.

Diagnosis.—The diagnosis is made with ease by the sense of smell.

Prognosis.—With proper treatment the local varieties may be cured. General bromidrosis may be improved to a great extent by cleanliness.

Treatment.—In this as in all other conditions deviating from the normal, hygiene plays an important part. Shields or any material used to protect the outer garments, only serve as an additional source of annoyance, by increasing the trouble through interference with evaporation and acting as an absorbent wherein the secretions lodge and decompose. The under-clothing should be changed frequently.

Local Treatment.—Where bromidrosis is general, a bath should be taken every day, in tepid or cold water, with asepsin, naphthol, or eucalyptus soap. Considerable advantage will also be gained by sponging the body, following the bath, with a solution of permanganate of potassium, of sufficient strength to be a bright pink color; this will entirely destroy the odor for the time; or if the sweating is profuse, hamamelis will act nicely as an astringent. For local varieties, cleanse the parts and apply astringent lotions or dusting powders. Where much irritation exists, sulphate of copper, grs. ij, to v, will be beneficial. Cork insoles, soaked in a strong solution of boracic acid and dried, the stockings being treated likewise, aids in the treatment, where the feet are involved. Further treatment, both local and general, is similar to that used in hyperidrosis.

CHROMIDROSIS.—Chromidrosis is colored sweat, a very rare affection, and is supposed to be due to the reabsorption of certain coloring matter from the waste products of the intestinal canal. The colors may be black, blue, green or yellow. The first three colors are supposed by Dr. Foote, to result from the absorption of indol, or indican, which on reaching the surface is clear, but by contact with the air, becomes oxidized and produces these colors; however, the green is most likely dependent on a partial mixture with bile coloring matter, as blue and yellow produce green. In jaundice and yellow fever, there is sometimes a yellow sweat, which is undoubtedly due to the absorption of bile coloring matter. This condition is always accompanied with hyperidrosis. When the skin is cleansed, it is found to be free from stain. This condition is sometimes feigned and to avoid deception the skin can be washed and collodion applied. If the stain is found on removal of the collodion, the case is authentic. This condition is always the result of some severe nervous tension, such as grief, fear or fright. No treatment is necessary except to restore tranquility.

HÆMATIDROSIS.—Hæmatidrosis is bloody sweat, and is due to the escape of blood through the sudoriferous glands. It is a very rare affection and is due to great excitement. No treatment is needed.

IS THE PRACTICE OF MEDICINE DEGENERATING?

By C. A. Tindall, M. D. Shelbyville, Ind.

IT is true that change of times and conditions calls for a change of methods, and I believe that there have been, and yet are very great opportunities for improvement in the practice of medicine; but the question is, are we all improving according to the opportunities offered? Are we giving more intelligent treatment than was formerly given? Are we active intelligent physicians, or are we the respectable agent of some one or more drug manufacturing establishments? Do we prescribe remedies for special indications, or do we prescribe some ready prepared tablet or compound for the kidneys, another for the lungs, another for the stomach another for the heart, another for rheumatism, another for neuralgia, and I might go on naming the entire list of organs and diseases without much, if any exaggeration?

The agents for these wholesale houses, who are generally courteous clever gentlemen, frequently call on the physicians, and spend much time in praising the virtue of their special mixtures or compounds, paying but little attention to their pharmacopeial preparation. In fact many of them do not make pharmacopeial preparations, but simply buy them and mix them together, as their special compound. This is very natural as all manufacturers make the pharmacopeial preparations, while the house which the agent represents alone makes the special preparation, and it must be purchased through him or his house.

The result is that many physicians use the samples that are so freely furnished, and prescribe the ready-made prescriptions.

To thus allow ourselves to be made the agent of some one or more drug manufacturing establishments, instead of being intelligent physicians, treating diseases according to their symptoms, is, to say the least, a very careless, lazy way of practicing medicine. Even if we could by this method do the patient justice (which we can not) we would not be doing ourselves justice, for what we can do so easily, the retail druggist and even the grocer in small places will do, and finally the profession will be reduced to the merest trade. I believe that the physician is largely responsible for this condition of affairs, and that it is but justice to himself and patients that it be discontinued.

The honest physician will carefully analyze every case, and prescribe for the symptoms that present in each individual case. If this is done the demand for these ready-made prescriptions will not warrant the manufacturing of them, and the drug manufacturer will go back to the pharmacopeial or legitimate operations, or launch into the patent medicine business, and we will not be deceiving ourselves.

Let us not blame the manufacturer, for he simply furnishes that which we buy most readily, and if he finally furnishes them to the retail druggist or grocer, with directions for their use, we alone should bear the blame. In fact this is now being done more largely than we are aware of.

GERM THEORIES.

By G. E. Potter, M. D., Newark, N. J.

THE world soon will or should appreciate the fact that the Eclectic medical profession is not so slow or astray on the germ theory as is the regular medical profession. We have no occasion to put the ear to the ground to foretell what is coming from the British Congress on Tuberculosis held in London. At this meeting of great men it is said that "Prof. Koch's views on tuberculosis stir the medical world." while those who listened to his views "suspend judgment" until they find out whether he is right or wrong. One of the American delegates, Dr. S. A. Knopf, of New York, is quoted as saying:

"This congress has been remarkable in regard to attendance as well as to Dr. Robert Koch's sensational announcement, which, coming from the discoverer of the tuberculous germ, necessarily attracts world wide attention. Personally we feel we must suspend judgment for the time being, but we urge the continuance of all present precautions until the problem has been solved fully."

Referring to expectoration, Dr. Knopf said:

"We do not want to become phthisisphobes or phthisismaniacs. I do not believe the man who expectorates in the streets where there is plenty of fresh air and sunshine, injures any one, and I do not believe he does himself much good. It is the distribution of the sputum of consumptives in bedrooms and apartments where the sun and air do not penetrate which causes all the trouble. The health of the street scavengers of Berlin is the best of any of the manual laborers of that capital."

Allen Knight, of Chicago, thinks Dr. Koch has performed a world-wide service, and said:

"Dr. Koch has performed a world-wide service in calling attention to the precautions necessary to prevent the spread of this disease, and that it now was the duty of every government to prove whether or not Dr. Koch's statements were true, and that he hoped to see investigations started to demonstrate whether Dr. Koch was wrong or right."

Dr. Katz, of Detroit, is quoted as having said:

"I think Dr. Koch has placed before the medical world the greatest problem of the age. In emphasizing the importance of the destruction of the sputum of consumptives, Dr. Koch touched upon a difficult subject to handle, but every known consumptive should be prosecuted for promiscuous expectoration."

The German papers contain lengthy reports of Prof. Koch's address before the congress on tuberculosis, and Prof. Virchow has publicly dissented from Dr. Koch's views, and is quoted as saying:

"I am emphatically against Dr. Koch's deduction. He ignores everything we owe to the investigations and experiments of the Copenhagen school. The commission of the Danish Government conducted the most thorough experiments, the results of which are most flatly contradicted by Dr. Koch. You cannot say 'Rome has spoken,' because Dr. Koch is not Rome, and the question is far from being settled."

"Who shall decide when doctor's disagree?" Science seeks truth and nothing else, and the nearer to the truth we get the better our science. Prof. Scmitz, the San Francisco philosopher, truly says: "Bacteriologists for the last thirty years have scared the people, and they (the people) have become more careful in regard to cleanliness. So far this is all right; but has any one of the medical profession by microbe killing been able to lessen consumption, typhoid fever, the plague, cholera, pneumonia, scarlatina, measles, diphtheria, or any other disease? No, not one has succeeded, and never can succeed, because it is against a law of nature."

Eclectic physicians believe cellular pathology to be the key to the millenium in medicine, and that the continuous (but I trust waning) scramble for microbial pathology will end only in chaotic delusions.

WORMS.

By W. H. Russell, M. D., Ipswich, Mass.

DOCTOR, do you think this child has worms?" I presume every physician is asked the above question many times, by many anxious mothers. Little Harry is sick; mother is anxious; grandmother has exhausted her stock of remedies. First she treated him for a cold; nitre and paregoric were forced down the poor little fellow's throat, and a cow-dung poultice spread across his chest. Little Harry does not improve; so grandmother changes her diagnosis, and thinks he has worms. Father is sent to consult the nearest druggist, who prepares a bottle of his infallible worm exterminator; but the little patient grows worse instead of better; his pupils commence to dilate, his muscles commence to twitch, and soon little Harry is having a bad convulsion. The whole household is alarmed and excited, and the doctor is summoned. "What have you been giving the little fellow?" "We gave him a dose of Mr. Stirrem the druggist's worm exterminator." "Ah, I see; we have a case of pink root or spigelia poisoning. Has he had worms pass him?" "After he took the medicine he passed a lot all ground up."

The above picture is not overdrawn. I presume every physician has met little Harry, mamma, grandmother, and the excited household and neighbors.

A few years ago I was called to attend a young girl about eight years old. She had pain and tenderness in the abdominal region; temperature about 100°. I could not discover what I considered ade-

quate cause for the symptoms, but after careful questioning I learned that the girl had been treated by a physician in the spirit land for worms. The worm medicine had been given daily for about ten days, causing inflammation of the intestinal tract; therefore the symptoms and conditions which I found.

A few weeks ago I had a hurry call to see a child in convulsions. I found the child going into a convulsion, jaws becoming stiff, eyes set, etc. A warm bath soon relieved the conditions. I then mixed five drops of *sp. rhus tox.* with four ounces of water. The muscles had again commenced to stiffen. The jaws were pried apart, and he swallowed a teaspoonful of the mixture; soon the muscles relaxed, and the child fell asleep. The medicine was given half hourly, and he did not have another convulsion. I found no tangible proof that the child had worms. The condition was the result of an overdose of *spigelia* prescribed by a druggist. Convulsions attributed to worms are usually caused by treatment of an imaginary condition; that is, when the diagnosis is made and the treatment prescribed by the druggist or a physician who has passed to the "spirit land."

MY CURE-ALL.

By Lyman W. Denton, Minneapolis, Minn.

I sought a panacea for the ills
Of life—long, long I led a vain pursuit
For some fine force that each condition fills
And hath the power to gain
The victory over pain,
And everlasting peace maintain.

I rambled o'er the plain and through the wood,
I searched the mountain-side and winding dell,
I analyzed and tested as I could
The leaf, the stalk, the root,
The juice, the pulp, the soot;
All parts of animals, to boot.

N. G.—each trial proved a failure new;
But as I walked the streets in dreary mood
I longed for light—for guidance what to do,
When by kind heaven's grace
I saw a sweet child-face
Aglow with smiles so commonplace.

But with her smiles an inspiration came;
I saw the object of my long pursuit—
A full heart smile is but another name
For panacea sweet,
For there the heart-lines meet
To form a cure-all most complete,

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

WHAT IS VISION?

Light is not a body; it is not a tangible substance that can be weighed or felt; in fact, it is merely a sensation transmitted through one of the special sense organs to the brain. The present accepted theory regarding light is, that it consists of minute waves or vibrations of what may be called luminiferous ether. This ether pervades all space, interpenetrating all substances, and is also in so-called vacuums.

The particles or molecules of this ether are set in motion through some cause, and when this motion becomes sufficiently rapid, the sensation called light is produced, provided of course the proper recipient organ receives the impression. The rapidity with which these vibrations travel is 186,380 miles a second. This is the estimated velocity in a vacuum, and the wave vibrations are very minute, varying from 1305 for red to 2540 for violet in the space of about 1-32 of an inch.

Light waves, like all other waves, move with the same velocity in the same medium, and in a direction perpendicular to the wave front. The line along which corresponding points of succeeding waves are moving, is called a ray of light. A number of adjoining rays constitutes a pencil of light. Light moves in straight lines in the same medium, and diverges from its source, although in eye work a pencil of rays entering the eye from a distance of twenty feet or more are called parallel. Strictly speaking this is not true, but for practical purposes the divergence need not be taken into account.

Parallel rays of light falling on a plane transparent surface, are both transmitted and reflected, without changing the parallelism of the rays.

Rays of light passing through a convex spherical surface have the direction of the rays changed, and are refracted or converged to a point called the focal point. When the rays of light pass through concave spherical surfaces, the rays of light are dispersed, no images being formed.

The eyeball, or eye as it is usually called, is a spherical body, contained in a bony pyramidal cavity, and is surrounded by yielding tissues which form a cushion for the eye. The base of the pyramid projecting more or less, protects the eye from injury.

The retina is nervous in structure, being an outgrowth from the brain, and contains the same character of elements that supply the optic nerve. Stimulation of the retinal cells by light waves, produce the sensation called vision.

The eye is simply the receptive organ, sensory organ, in which images of external objects are focussed and clearly defined. The cornea, aqueous, crystalline and vitreous bodies constitute the convex

refracting media which are instrumental in focussing light on the retina.

In the so-called normal eye, objects that are twenty feet or more distant are termed at infinity, and require no effort of the muscle of accommodation to obtain a distinct image of the object. In such an eye the inverted image falls upon the retina at the most sensitive point, or point of distinct vision. This focussing of the image causes irritation of the nervous elements of the retina; this irritation or molecular motion is in turn transmitted to the optic nerve, along which it travels to the visual centers of the brain, where the sensation is analyzed, and so-called vision results. The image itself is no more transmitted to the brain as an image, than is the heat that burns the finger carried to the brain as heat; it is merely a sensation. The brain is the analyst of all sensations, and if communication is cut off or interfered with through any cause, sensation is lacking more or less, as the case may be.

It is only by comparison that we get an idea of the size, shape, texture, etc., of objects, but this comparison begins so early in life that we are not aware of the long and tedious efforts necessary before the brain becomes able to differentiate the most common objects. The sense of touch is probably the most important of the special senses in this early schooling of the mind, but it is such a common factor in our every day life that we are not accustomed to give it any thought as an educator.

A strictly normal eye is an unknown quantity, and as a consequence, in speaking of refractive conditions as being perfect, it is in a theoretical sense only. In infancy the eye is usually short in its antero-posterior diameter, and lengthens as the child grows older. This lengthening may approach the normal, or it may increase so that the eye is too long.

OPERATION ON THE MASTOID BONE.

Acute mastoid disease may be described as mastoid involvement appearing during the course of an acute suppuration of the middle ear, the symptoms of which may be described somewhat as follows, always bearing in mind that upon these symptoms must be based one's final judgment as to operation. Perhaps the most marked symptom of mastoid involvement is pain. This pain usually comes on some time after the excruciating pain which precedes suppuration of the middle ear has passed away, and after the discharge from the ruptured or incised drum has been established. This pain is not so severe as in the middle ear, and is located behind. With it the patient describes a feeling of fullness, heaviness and pressure over the parietal region. The pain may or may not be constant, and may or may not depend upon free or diminished discharge from the external canal, but it is usually present at least to a slight degree. An

other prominent symptom is tenderness upon pressure. This tenderness is usually marked at the tip of the mastoid, but is more significant when it is present higher up just over the mastoid antrum, and more recently we have come to attach more importance to tenderness in this region than to the same condition when present lower down at the tip. One's mastoid tip may be tender on pressure when no disease is present. Temperature must also be considered, but it must not be relied upon as pathognomonic in any degree in mastoid involvement. In young children it is usually present, and rather high. In adults, even with extensive mastoid involvement the temperature may not be particularly disturbed.

External periostitis with or without infiltration of the soft tissues certainly must be considered as a symptom, although as a rule operative interference should be resorted to long before these symptoms appear. When present, they must be considered rather as a complication than as a symptom of the disease itself. The drum membrane must not be overlooked in making a diagnosis of mastoid involvement, especially that portion known as Sharpnell's membrane, or the attic region. When this membrane, together with the posterior, superior portion of the wall of the canal is found to be bulging downwards and forward into the canal, giving it the appearance of being narrowed from above downwards, a picture is given which constitutes one of the two most prominent symptoms of mastoid suppuration. The other prominent symptom to which I refer is tenderness upon pressure over the region of the antrum. To define the relation of these two symptoms to surgical interference I would say that prolonged tenderness upon pressure over the region of the antrum together with bulging of the atticus tympanicus and the superior posterior wall of the canal constitutes sufficient reason for operative procedure, and especially so when the pus contains streptococci or staphylococci.

COMPLICATIONS.—Suppuration in the mastoid bone must be considered as a complication of suppuration of the middle ear, but there are many further complications which may, and often do, complicate the mastoid suppuration. The symptoms of these complications are not strictly a part of this paper, the scope of which is confined to the indications for operating, a few may, however, be briefly mentioned. I refer to rigors, vomiting, vertigo, choked disc, aphasia, paralysis of the extremities, high temperatures, facial paralysis, dull mentality, uneven pupils, so-called typhoid conditions, etc. All of these symptoms indicate that the suppurative process has gone far beyond the mastoid cells into either the lateral sinus, the dura, the cerebrum or the cerebellum, and when these symptoms are present we know that there can no longer be any possible doubt as to the necessity for operating. It may be possible to have a non-suppurative involvement of the mastoid cells, but such a condition is hardly probable.

Chronic Suppuration—Long delayed suppuration of the middle ear attended with involvement of the attic and possibly the antrum and the mastoid cells, may lead to the necessity for external operation in order to overcome the suppurative process. This is especially true in cases of chronic otorrhea, the discharge of which is offensive, and with the presence of cholesteatomatous masses and carious bone. Only by external operation in many instances are we able to indulge in any hope of permanent relief. That a chronic otorrhea is attended with more or less danger to life will not be denied. Such danger may not be great, and fatal cases may not be frequent, but the danger still exists. It is well known to most of you that life insurance companies at the present time refuse absolutely to accept as risks any persons who suffer from chronic discharge of the middle ear. An attempt should certainly be made to cure permanently all cases of chronic otorrhea. Local measures, removal of the necrosed ossicles and of other known methods, should be made use of before resorting to external operation.—WENDELL C. PHILLIPS, M. D. *Before N. Y. Post-Graduate Clinical Society.*

MYOSIS AND PTOSIS FROM PARALYSIS OF THE CERVICAL SYMPATHETIC.
—The ocular symptoms of paralysis of the cervical sympathetic are myosis, ptosis, enophthalmus, decreased intraocular tension and retinal hyperemia. The myosis is due to paralysis of the radiating fibres of the iris; the ptosis, to paralysis of Muller's nonstriated fibres in the levator. These two symptoms are found most constantly.

Enophthalmos is uncommon and is probably due to relaxation of Muller's orbital fibers. Decreased and intraocular tension is not constant and has not been satisfactorily explained. The vision is not affected and the retinal hyperemia is found only in the earlier stages.

Many cases of paralysis from pressure by morbid growths have been reported, but cases of direct traumatism are rare on account of the situation of the nerve, wounds in this location usually being fatal.—DR. S. C. HARLAN, in *Annals of Oph.*

Early examination by an oculist is of great importance in all nervous troubles, including the various forms of insanity. Correction of refractive errors, by wearing glasses, or of muscular abnormalities, by operation or strengthening the weak muscles, will markedly relieve if it does not cure the patient.

Reflex neuroses from pathological conditions of the teeth not infrequently affect the hearing or sight; their removal has relieved palebral edema, ptosis, squint, paralysis, spasm and inflammation of the lids and of different parts of the eye.

If local treatment to the nose or throat seems desirable, be careful that it is not irritating.—*N. A. Jour. of Homeopathy.*

PERISCOPE.

THE THERAPY OF ANEMIA.

Royal, of Des Moines, gives in a short paper recently published the indications for the following remedies, which in his experience have been found useful in the treatment of anemia :

China.—The foremost remedy for the symptomatic variety. When given for the anemia immediately following a profuse hemorrhage, five-drop doses of the tincture in water. When, however, much time has elapsed since the drain was made upon the system, when the patient complains of ringing in the ears, with a pale, sallow complexion, with pulsating headache, with bloated abdomen, with anorexia, painless diarrhoea, worse at night, stools of undigested food and cadaverous odor, with tendency to dropsy, with profuse perspiration and a history of some previous drain upon the system, he tells us that the 30th potency gives better results than the low preparations, and that it is a mistake to give the latter.

Ferrum.—*Ferrum phos.* in the low preparations, when you have the ferrum headache, the pallor and peculiar flushing of the face, the cold hands and feet, the pale mucous membranes, in persons of hemorrhagic diathesis and of phosphorus build, or where there is a tendency to tuberculosis. On the other hand, he prefers the *ferrum metallicum* where the patient is rather of the calcarea build than the tall, slim phosphorus, with undigested diarrhoea, flushing of the face, and yet pallor of skin and mucous membranes. He prescribes the 30th here.

Calcarea Carb.—He has given this remedy successfully when the following indications were present : Constant worry about what is in store for them ; anticipates dire calamities ; sour, unfermented, undigested diarrhoeic stools, coming on soon after eating or drinking ; distention of the stomach and abdomen ; palpitation of the heart and great weakness after exertion. Other reliable indications are the excessive sweating about the head, the disgust for meat, the craving for unnatural things, cold hands and feet. In the female, the menses are too frequent and too profuse, and the bland white leucorrhoeal discharge is also profuse.

Phosphorus.—Hemorrhagic and tuberculous diatheses. Tendency to fatty degeneration of heart or liver. The phosphorus patient is always exhausted. Brain is tired and body easily exhausted from least exertion. Palpitation of heart and inability to lie upon left side. Tenderness of liver and spleen. Stools diarrhetic, painless, fetid, undigested, or covered with small white particles.

Pulsatilla.—The peculiar mental symptoms of this remedy afford us a good indication. Also vertigo, amenorrhoea, or scanty, late menses. Irregular pulse and constant chilliness. Sallow face, frequently flushed. The remedy is especially adapted to cases of chlorosis.

Picric Acid.—The writer believes this remedy has been sadly neglected. It causes disintegration of blood corpuscles; produces violent occipital headache, with heavy sensation, as if occiput was filled with lead. Mental exertion aggravates. Vertigo and deafness may be present; prostration marked and profound; diarrhea of light colored or yellow stools. The history shows excesses in venery or brain work. He gives picric acid where formerly phosphoric acid was used, and has been gratified with results.

Chinicum Arsenicosum.—With this remedy he cured a case that was in desperate straits. The spleen was much enlarged and tender; brown, offensive diarrhea and cold sweats; prostration extreme; extreme restlessness. The proportion of red and white corpuscles was as ten to one. The patient had malaria, and had taken enormous doses of quinine. Natrum mur. and arsenicum failed, but chinicum arsenicosum 6x cured.

Arsenicum Album.—Rapid emaciation; the tissues seem to melt away; increasing prostration, irritability of alimentary canal, stomach refuses to retain either food or drink, intense thirst, dark excoriating stools, skin dry and unhealthy, tongue thinly coated white, with red streak down the center. Arsenicum 30th has checked the downward course in a number of such cases. As a rule, however, while arsenic brings about a reaction much as does sulphur, another remedy will be required after it to complete the cure of the case.—*Hahnemannian Advocate.*

INSANITY IN THE CHILD-BEARING WOMAN.

The statistics of asylums in which mental derangements have been classified as following reproduction, show that in from eight to ten per cent. of all insane females, the disease developed during the child-bearing process, and that, on an average, one woman of every four hundred became insane. Primipara are more subject than multipara, and women between 30 and 40 years of age who are confined for the first time, are especially liable. Heredity is frequent. In most cases conditions producing debility, exhaustion or mental depression, such as post-partum hemorrhage, complicated labor, or anemia, precede the attack. The theory formerly held that puerperal insanity was due to some uterine lesion, has been discarded, but the theory of septic origin, introduced by Sir James Simpson, with various modifications, has been adopted by many later writers. The fact that albumen is often found in the urine has given rise to the theory that the poisoning is uremic.

The attack is often preceded by restlessness and loss of sleep. At an early period there is an agitated manner, a restless eye, an anxious expression of face, an irritable temper, loss of memory, etc. The language becomes incoherent, and is often obscene. Delusions appear, and suicidal or homicidal tendencies may develop. In bad cases the

milk and lochia are entirely suppressed, and the tongue and teeth become foul with sordes. The urine is scanty and high colored, and the bowels are generally constipated, though diarrhea may exist.

The majority of cases result in recovery within a period of three months. After that time the chances of complete recovery are much lessened. Extreme rapidity and weakness of pulse points to a fatal issue.

Where family or personal history shows a liability to this trouble, efforts should at once be made to anticipate any untoward symptoms by means of good nursing, absolute quiet, judicious diet, etc. When the disease has appeared, treatment should be mainly directed to keeping up the patient's strength. The two things most needed are sufficient food and sleep. If the patient refuses food, enemata should be tried, and if unsuccessful, then forced feeding. A free purge should be given at the outset, and the bowels kept open during the attack. Sleep should be secured at any cost; if necessary, by means of chloral hydrate or bromide of potash, or a combination of the two. Judicious nursing, a change of air and scene, together with other means to build up the general health, are of the utmost value. — *Mass. Med. Journal.*

THERAPEUTICS.

SOLIDAGO VIRGAUREA. — The *solidago virgaurea* is a foreign species of golden rod. It has been used as a domestic remedy for backaches and diseases of the kidneys in Germany for centuries. Rademacher many years ago mentioned it and spoke of its valuable properties. Homeopathic physicians prescribe it for the general indications of pain in the kidneys or in circumscribed spots in the region of the kidneys. Pains in the back, extending forward to the abdomen, dysuria, difficult and scanty urination, dark urine, with sediment either of the phosphates or blood or pus, useful also in pronounced nephritis. The tincture may be obtained from a homeopathic pharmacy and should be tried. Its influence can quickly be determined by careful experimentation. If any of our physicians have used it we shall be glad to have reports.

BERBERIS AQUIFOLIUM. — This agent is one of our most efficient and direct alteratives. In blood disorders, which exhibit a disturbance of glandular function of any character, its influence is direct. In scrofula, syphilis and eczema it is particularly advantageous. In these cases the glandular disorder is accompanied with an eruption on the skin. This peculiarity indicates the necessity for this agent. It may also be used in any skin disorder where there is blood dyscrasia. It is not of any advantage in skin diseases from local or reflex causes, but its effects upon the blood are of great benefit. Ten drops of a strong tincture four times a day is the dose. For ladies with a bad complexion and rough and unsightly skin it is the remedy par excellence.

BLATTA ORIENTALIS.—The powder of the dried bodies of the common cockroach is a domestic remedy in Russia for dropsy. It is said to be a most active diaphoretic and produces a great flow of the urine. It reduces the quantity of albumen in the urine and corrects the character of that discharge. From nine to fifteen grains in divided doses daily is about the quantity for children, and from fifteen to thirty grains for adults. Certain investigators believe the remedy to be a powerful poison in sufficient doses. Bogomolow has separated an alkaloid which he calls antihydropin, which contains the concentrated therapeutic power of the remedy.—*The Chicago Medical Times.*

Diabetes Cured without Medicine.

I have something to say about diabetes—that is, a cure without medicine in my own case, but I can hardly make a paper of it. I will explain in a few words. I had diabetes for several years, from work and worry. Took medicines more or less, and among the rest arsenauero, without any appreciable effect. One year ago last June I was passing twelve to fifteen pints of urine per day, with three grains and a fraction of sugar to the ounce; specific gravity 1040, with great toes dark red and discharge from under nails.

I went to Puget Sound, and did nothing but have a good time, and in twelve weeks I was well so far as the sugar and amount of urine were concerned, but I had lost thirty pounds in weight. I came home in November, and have done a little work all winter, but took things easy; gradually regained my flesh (200 pounds) and strength, and am virtually well to day, feel better than for five years, and am in active business. Can lie all night, and pass about one-half of a pint of urine in the morning. I think my case somewhat remarkable, as I believe I was within a few weeks of a fatal termination.—Dr. J. C. BUTCHER, in *Chicago Med. Times.*

The Army Board which has been in session in Washington for the examination of candidates for appointment in the medical corps of the army held its final meeting during the week of June 17, and then adjourned until September. The results of the board's work have been, according to an exchange, disappointing in the few candidates who have met all the requirements. Since February not more than forty young physicians have proved their ability to receive commissions as assistant surgeons, and some of these were acting assistant surgeons in the service in the Philippines. The report of the board at Manila has been received at the War Department, and after all the appointments have been made there will still remain eighty vacancies in the 129 new positions, which are created by the army law of February 2.

THE LIMITATION OF LABORATORY METHODS.

We have frequently referred to the insufficiency of laboratory methods apart from clinical histories, as a guide in the practice of medicine. We have not, in these remarks, intended to detract from the value of laboratory study of disease, but have merely emphasized the fact that laboratory research should fall into its proper place as an aid in studying disease, and that where it displaced well known clinical signs it very frequently led to error. These views have found very strong support in a recent paper in the *Chicago Medical Record* for February, 1901, by W. K. Jaques. He starts out with the primary proposition that disease is a resultant of many factors, and that many times a germ is only the last influence to start a disease process. The germs of pneumonia or diphtheria may be present in the mouth of an individual for an indefinite length of time until some intercurrent condition sets up a train of phenomena by which the pathogenic properties of these germs become active. It is only when this relationship is recognized that the limitations of microscopic and clinical evidence in diagnosis can be understood. He called attention to the limitation of the microscope in the diagnosis of pulmonary tuberculosis. Often there are conditions of the tuberculous foci which do not admit of the bacillus being raised in bronchial secretions. In these cases it will not be detected. Hence, no reliance can be placed upon the mere absence of the tubercle bacillus from the sputum.

In identifying the Loeffler bacillus, all that the bacteriologist can do is to state that a germ identical in morphology with this bacillus has been found, but it must not be forgotten that other germs resemble it so closely that it is sometimes impossible to distinguish them from the other forms. The Loeffler bacillus may have all grades of virulence. Again, the site of the infection may not be reached, or antiseptic gargles may have been used, and in this way the culture media become contaminated. To properly appreciate the value of microscopical evidence, a physician should be familiar with those conditions which promote accuracy and success. While the use of the microscope is very valuable, it is important to remember that there are circumstances which render its finding almost negative, and the patient's life will depend upon an appreciation of the clinical symptoms.

In closing, Dr. Jaques says: "Some of the older physicians, not having had a bacteriological training, undervalue microscopical evidence, while the younger men place the greatest confidence in the microscope and laboratory methods. The aim of the physician should be to attain such a comprehensive knowledge as to be able to give each kind of evidence its proper value. Influenced by the teaching in the past that the germ was the all-sufficient cause of disease, the bacteriologists have claimed too much; to them the germ was the disease. Now that they have had to recede from this position, the doctor who does not use the microscope believes that all evidence of this kind is

weakened. Microscopical evidence is of more value now than ever before, if the physician has the knowledge to appreciate it. The fact that we have a pseudo typhoid, pseudo-diphtheria, and possibly a pseudo tubercular bacillus, which causes the bacteriologist to hesitate, only emphasizes the necessity of the physician being a closer student of the problem of environment—environment of the germ which causes virulence, and environment of the individual which causes susceptibility.—*Medicine*.

TREATMENT OF HEART AFFECTIONS.

In writing on the heart remedies, digitalis is placed at the head. It is considered one of the best, as well as one of the most abused remedies at hand. The great mistake made in those giving digitalis in heart affections is that it is not combined with rest. This is considered as of the utmost importance. If rest is first resorted to, and the areas of cardiac dullness studied, and later digitalis given, a definite idea can be reached as to the value of each.

The use of massage is of value in the treatment of heart affections, for there can be no doubt that the active and passive movements of the muscles stimulate the circulation and prevent capillary stasis. It is not only unwise, but foolish, for patients with weak hearts to take large quantities of food and liquids at a time, not only on account of impediment to the circulation, but also on account of the interference of the heart's action by reason of the pressure exerted.

The value of digitalis in any case is to increase the nutrition of the heart muscle. The drug has a cumulative action, therefore its use is advised in moderate doses. The effect from large doses of the drug is first a temporary improvement, then the heart begins to lose at a great rate, and soon is in a worse condition than before, owing to the incoordination of the ventricles and imperfect systolic contraction. If the lesion be a valvular one, it is made worse. It should not be given too frequently, and never be used if the tension be high. It is contraindicated in fatty degeneration, for in such cases there is an absence of the normal heart-muscle for the drug to act on. It is also contraindicated in aortic regurgitation and in gastric disturbances.

Passing from this drug, we come to the next one, strophanthus. It is to be preferred before digitalis when a high state of vascular tension is present. Unlike digitalis, it is given in too small doses, and when the time comes for it to be used in large doses, it produces an irritation of the bowels. Finally, it is better in children than digitalis.—*Therapeutic Gazette*, H. A. Hare, M. D.

BROMIDROSIS OF THE AXILLA.—C. D. Collins, M. D., reports in the Hospital Notes published in *The Clinique* the case of a girl aged 16 years who had been annoyed for the past two years by an excessive amount of sweating under her arms, which had become very offensive

in odor. She was constipated; but, save for an acne vulgaris of face and forehead, enjoyed good health. The secretions only slightly colored the clothing, the special feature being its excessive quantity and very offensive odor. Examination of the parts revealed no local pathology. She was a brunette, and her skin was dark. Diagnosis, bromidrosis with hyperidrosis.

Treatment: Lycopodium 3x, with bathing of the parts in salt and water. The result was a cure within two months. In this case there was a dearth of symptoms, but the prescription was based on the well-known action of Lycopodium upon the glandular system and its regulating influence upon sebaceous gland secretions. Lycopodium is a remedy par excellence in offensive secretions, viscid and offensive perspiration.

JUDGE LUMPKIN, of the Superior Court of Georgia, has denied the application for a charter for "The Atlanta Institute of Christian Science." They can not practice their treatment in the State of Georgia without having been regularly graduated in medicine or passed an examination before the medical examining board, the same as other physicians. Judge Lumpkin holds that, according to the decision of a case in the Supreme Court of Nebraska, Christian science is the practice of medicine, and he further holds that the practice of medicine in Georgia, according to the state law, must be accomplished by persons who are regularly graduated from a medical school.

A QUESTION OF PRIVILEGE.—In a divorce suit recently tried in St. Louis, the counsel for the plaintiff, the woman, wished to introduce the testimony of Dr. E. S. McKee, of Cincinnati, concerning a communication made to him by the husband regarding his wife, who was Dr. McKee's patient at the time. Dr. McKee refused repeatedly to testify before a notary in Cincinnati, holding that the communication was a privileged one, and was finally constructively committed to jail. The case was brought before Judge Hollister, of Cincinnati, who ruled, that as it was the woman and not the man who was the actual patient, the husband's communication was not a privileged one.

HYPOSULPHITE OF SODIUM IN ACNE PUSTULATA.—Dr. H. T. Webster, in the *American Medical Journal* says that one of the diseases that has baffled him has been acne pustulata. Through a patient he became acquainted with the use, internally, of hyposulphite of sodium in this condition. He first used it—an ounce of the hyposulphite of sodium in a pint of water, a tablespoonful four times a day. In subsequent cases he has used it in smaller doses. Its action on the skin is beneficial, although he fears it may not be universally serviceable on account of its constitutional effect. It reduces the weight and weakens the patient.

MY MEDICINE CASE—Remedies often used.

My medicine case contains fifty-two vials, with space for sundries in which extras are carried. Contents are as follows :

Aconite, asclepias, asepsin, apia, ammonia brom., alcohol, baptisia, belladonna, bryonia, bismuth, benzoin comp., buchu, berberis aquile, cactus, cajuput comp., collinsonia, chionanthus, cinnamon, colocynth, chloroform, carbo veg., chloral hydrate, dioscorea, diaphoretic powder, ergot, eryngium, erigeron, gelsemium, hyosciamus, hydrates, hellebore, ipecac, jaborandi, lobelia, macrotys, podophyllum, phytolacca, pulsatilla, quinine, rhus tox, rheum, sanguinaria, santonin, stillingia lin, sticta, sulphite soda, sulphate magnesia, sulphate zinc, veratrum, and viburnum.

In addition, I carry a box in my buggy, in which some of the more bulky drugs are carried for country practice, as : turpentine, camphor, olive oil, compound lobelia powder, white liquid physic, cough mixtures, calendula, carbolic acid, hydrochloric acid, bandages, etc.

I prefer Lloyd's Specific Medicines, and while most fluid extracts are good in some drugs, yet but few of them I have yet to find as good as Merrell's.

It is certainly exasperating to get a dirty black fluid extract that proves almost inert when we expect good results, and when having had good success with some drugs in a new field we write a journal article on our results, others by using that particular drug get negative results, from an inferior drug, the result is the neglect of some valuable agent, and the would be benefactor is regarded with suspicion.

Most of my remedies named I use according to specific indications, so I will only name a few as I use them.

Benzoin comp., to be used in steam atomizer in laryngeal or bronchial affections, and of especial value in dyspnea of phthisis.

Chloral hydrate is to be used freely in severe cases of tonsillitis and other acute inflammatory diseases, with free bounding pulse and high temperatures—the higher the temperature the better results you get. Chloral must not be given with weak pulse and low vitality ; it is certainly superior to coal tar series, and safer.

Diaphoretic powder : This remedy, as its name indicates, is a very efficient diaphoretic in various acute diseases, and is of value to allay pain temporarily, and is often valuable to check acute diarrhoea ; it contains such small quantities of opium that we need not fear results from that drug.

Ergot is the remedy for afterpains, being superior to viburnum ; passive hemorrhages, and various forms of congestion, will be found to yield to its action, and nervous troubles due to atony of pelvic structures yield kindly to this drug.

Oil erigeron is perhaps without an equal in passive hemorrhages, diarrhoeas, etc., acting especially on capillary system. Hemorrhage after extraction of teeth, epistaxis, etc., yield readily to the remedy.

Hyosciamus is to be thought of when cerebellum or medulla is affected; it allays pains, gives rest, overcomes convulsions, hysteria, and other nervous troubles, when base of brain is affected; the dose can frequently be very large if excitement is great.

Jaborandi is certainly our best remedy in sunstroke; and for diabetes mellitus it will lessen the quantity of sugar materially; in fact, for various nephritic lesions it is of great value.

Rhubarb roasted is one of our most efficient remedies in cholera infantum; it then loses its laxative action, and its astringent qualities are increased.

Sulphate magnesia associated with aconite and dioscorea will never disappoint you in those old enteric troubles when pain, distension, mucous discharges, and sometimes even blood-streaked, alternate constipation and diarrhoea, are the principal symptoms. If constipation is present give white liquid physic; if vomiting or nausea give bismuth in connection with the others; but the sulphate magnesia must be used in small amounts; one or two drams to four ounce mixture is about right.

Zinc sulphate is useful in country practice to prepare "eyewater"; zinc sulphate, grains x; hydrastis sulphate, grains v; aqua, q. s. for one ounce. Mix. Sig. A few drops in eye two or three times daily is the equal of anything I have used in the various catarrhal inflammations we meet in country practice, where a variety of remedies are not at hand.

Remedies oftenest used.—I use aconite oftener than any other remedy. Quinine has been next in frequency in last two years; third, bismuth; fourth,gelsemium; fifth, macrotys; sixth, bryonia; seventh, baptisia; eighth, nux vomica; ninth, comp. cajuput; tenth, magnesia sulphate; eleventh, chloral; twelfth, diaphoretic powder or some opium salt; thirteenth, sulphite soda; fourteenth, white liquid physic; fifteenth, veratrum; sixteenth, pulsatilla; seventeenth, cactus; eighteenth, collinsonia; nineteenth, colocynth.

Discarded Remedies.—Pepsin was the first remedy I found useless, that was ten years ago. Colorless hydrastis is another that I gave up after using three pounds of it; next came sulfonal, antipyrin, and last of all coaltar series was acetanilid. I have used calomel in a number of cases by the advice of counseling physicians, generally in low fevers or enteric fevers, also to allay obstinate vomiting, but it has never proved of any service at all, and if my medical friends that say they only give it when compelled to, will kindly try other remedies instead when they think they need it, they will probably find the same results.

Liniments.—I really believe but few liniments do good. Stillingia liniment is all O. K., so is aconite and chloroform liniment, also a few rubefacient liniments, but the great majority are fakes.

Ointments.—Resinol is very good, but by using oilcake and occasionally sulphur and salicylic acid you can make it yourselves at a

fraction of its cost. Mild zinc ointment is of some value, also escatol, but the majority are worthless.

Stimulants.—Aromatic sp. ammonia is the best and almost the only one I need.

Tonic.—If you will first remove cause of disease tonics are rarely needed. An old intestinal irritation is generally the cause of three-fourths of the tonic prescriptions and they do no good; restore these organs to action by sedatives and tonics will not be needed.

Cathartics.—I doubt not that all of you have a favorite, and there are even Eclectics that always begin treatment by a brisk purgative.

I use but few cathartics, but lately I have been using white liquid physic of the Dispensatory when a laxative was demanded, and it is freer of objectionable features than any I have used.

Glandular extracts.—If you can find the particular gland or organ that is affected, begin by getting a specialist to remove the offending part; then prepare an extract from the corresponding organ of a sheep or horse; inject this into your patient and you have done just the thing.

You may ask why cerebral extracts are not used. Well, they are supposed to be prepared from the cerebral substance of donkeys, and have been used by the doctor that has introduced glandular extracts. I have nothing to say against physicians experimenting along this line, but for heaven's sake don't inject cerebrine from a horse into your patients, or they will know more than yourselves.

Last year I told my views on proprietary medicines, and I am still opposed to them.—J. T. BLANK, M. D., *before Kansas Eclectic Med. Association.*

SPECIFIC THERAPEUTICS.

In chronic inflammation of the bladder, and all catarrhal conditions of the urinary passages, *Stigmata Maidis* exerts a curative power which is unmistakable. The dose usually employed is from thirty to sixty drops every two or three hours.

Solanum Dulcamara is an efficient remedy in scrofula, syphilis and all diseases in which there is an impairment of the blood. In rheumatism resulting from long continued exposure to cold and dampness it is also worthy of confidence. R. *Dulcamara*, gtt. xx to 5 i, water, ̄iv. M. Sig. Dose one teaspoonful every two to four hours.

In catarrhal and purulent cystitis, dysuria and tenesmus, *Triticum repens* affords marked relief. It is also of decided merit in conditions characterized by lack of secretion from the kidneys, and in irritability of the bladder from any cause. The dose should be from five to ten drops every hour to every three hours.

Polygonatum Multiflorum exerts a direct action upon the circulation, and especially upon that of the venous system. In irritated and relaxed mucous membranes, and in irritable conditions of the intes-

tines, especially when attended by burning sensations, its action is such as to give confidence in its usefulness. The dose found most effective is from ten to thirty drops every three or four hours.

In anæmia of syphilis, especially when there is a sensation of heat in the pit of the stomach, and in tubercular syphilide, *Calotropis gigantea* is said to be a remedy of decided curative power. The dose is from two to five drops of a tincture of the bark of the root every three hours.

Quercus Alba, in doses of ten to twenty drops of specific medicine every hour or two, has proved curative in many cases of epidemic dysentery after the failure of other approved treatment. Previous to its exhibition the bowels should be evacuated by some mild cathartic.

Pain in the shoulders extending to the neck and back of the head, is vigorously opposed by *Sticta Pulmonaria*. Sharp pain with soreness above the scapulæ, short hacking coughs and soreness or tenderness of the muscles of the shoulders, are also calls for this medicament which should not be neglected. R. *Sticta*, grt. x to xx, water, ℥iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

Hydrated oxide of iron is a generally recognized antidote to acute arsenical poisoning. Don't forget that this antidote can be made in various ways. In an emergency six ounces of the tincture muriate of iron and one of sodium bicarbonate will do. Dissolve the soda in water and then add the iron tincture until precipitation ceases. Place in a thin cloth and squeeze; then add water and squeeze again, and administer the residue.—*The Eclectic Review*.

A pregnant article on water purification is published in the May number of *Brooklyn Medical Journal*. The subject of water supply and purification has received much attention and made substantial progress in last ten years; but there is yet much to be done, and still more need that the physician shall keep pace with the progress made in this direction.

"In moulding public opinion to a degree which paves the way for improvements in the sanitary condition of water supplies, the role played by the medical profession is generally recognized as a very important one. Not only has the profession rendered excellent service officially as members of boards of health, but it has perhaps accomplished even more in an individual manner by its instruction in sanitary laws to the citizens as its members come in intimate contact with them in their homes. In the years to come the general public will doubtless appreciate more fully than now the great debt which they owe to the medical profession; and the profession itself will probably look back with more pride than it now does to the excellent work in this field which it has patiently and gratuitously accomplished in the interests of humanity."

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THE ECLECTIC MEDICAL INSTITUTE.

The fifty-seventh annual session of the Eclectic Medical Institute opened Monday, September 23d, with a good sized enrollment of students. This is now the sixth year under the four years graded course, and the work is running smoothly. The course is so arranged that a student progresses gradually through the different stages of primary and didactic lectures, laboratory work, hospital and clinical instruction. With our intimate connection with the Seton Hospital, our hospital facilities will be materially increased.

Each year the educational qualifications of our students show a marked improvement, and in connection with our increased facilities and advantages, should insure a well qualified body of graduates. While the more rigid requirements for entrance, demanded by first-class colleges, have a tendency to lessen somewhat the number of new students, still the College and the cause of Eclecticism will eventually benefit greatly in a better quality of graduates turned out by our institution. We teach Eclecticism, and pride ourselves on our Eclectic teaching, as exemplified by the success of our graduates. New students can matriculate as late as Monday, October 21st, and still get credit for a full term.

POSITION OF THE WOMAN DURING DELIVERY.

Physicians vary in their views as to the most advantageous position for the woman to assume during labor. Many observe no particular rule, allowing the patient to follow her own inclination in the matter, choosing that which is seemingly the most comfortable.

The semirecumbent is frequently advised, though the dorsal position, with one or both limbs flexed, is probably preferred by the majority, owing to a greater convenience in making examinations and

manipulations ; while others regard the latero-prone position, with the patient resting on the side, with limbs drawn up, as most satisfactory.

Physicians as a rule, however, regard the position of the woman during labor with little concern, and of no importance. It has been found by observing what is known as Walcher's position, that labor may be shortened, and the delivery greatly facilitated in lingering or difficult cases. Much has been recently mentioned in the journals relative to the postural management of tardy labors, as well as forceps deliveries ; and it is particularly to the advantages that may be derived by changing the position of the patient as mechanism advances, that I desire to call attention. This is what has been described as the Walcher position in labor, and has been so well explained in a recent periodical by Dr. Comstock, of St. Louis, that we append the following :

"I wish to call attention to a simple, handy and practical posture in labor, that any accoucheur can avail himself of, and one which will materially assist nature in the completion of a spontaneous delivery. This position is one where the pelvis while resting upon a flat surface is brought to the edge of the same, the legs hanging pendant, thus extending the pelvis upon the spine so as to enlarge the measurements of the birth canal, whereby its capacity is materially increased. This position lengthens the conjugate diameter of the inlet, enabling head to pass more readily through the superior strait into the cavity of the pelvis, and, later to relax the perineal structures, lessening the risk of rupture, and facilitating the final delivery of the head.

"This hanging leg position has been tried by many obstetrists, and found to materially assist the woman in delivering herself. It is also an efficient aid when the forceps are applied, especially when the "high forceps operation" is required. It has the sanction of the most experienced operator, Professor Leopold, of Dresden, in whose clinic, as I have been informed, women are postured a la Walcher, with legs pendant, during the first stage of labor before the head has passed the brim ; in such instances this position lengthens the conjugate of the inlet, giving the head more room to pass down. With this increase in the diameter of the conjugate, a decided advantage is gained, and sometimes when the head is arrested at the brim and the exceptional operation of applying the forceps—the "high operation"—is found necessary, before we can adjust the forceps the head passes the superior strait spontaneously, greatly to the delight of the operator.

"After the head has passed the superior strait into the pelvic cavity, the first Walcher position must be changed, the legs raised and flexed, resting upon the abdomen. The reason of this is, the forcible extension of the legs (as we have already stated) increases the conjugate of the inlet, while at the same time the antero-posterior diameter of the outlet is lessened. Remembering these facts, when the head reaches the outlet of the bony pelvis, the legs, as we have stated, should be raised, and the head can pass the outlet with the woman on her back

in the lithotomy position. The tilting of the pelvis while the woman is in this position—although narrowing the conjugate of the superior strait—will increase the antero-posterior diameter of the outlet. At this stage of the labor, as soon as the head passed the tip of the sacrum, we place the woman once more in the original Walcher posture. The legs should now hang pendant, so that the integument of the buttocks and all the perineal structures may become relaxed, and allow the head to be born without endangering the perineum.

"Any obstetrict who will avail himself of the Walcher posture will be greatly gratified with the result, and find the progress of spontaneous delivery decidedly facilitated. Walcher's proposal is mentioned in the latest works upon obstetrics, and it may be accepted as an advance in the obstetrical art. But in looking through the history of medicine an old print has been discovered in Italy, made by Scipio Mercurio, dating back to 1601. This print is really an illustration of the Walcher position. We mention the fact not to disparage in the least the labors of Professor Walcher, for without him it might have been forgotten.

"Indeed, the saying that 'There is nothing new under the sun' is frequently confirmed, and it was a trite aphorism of Sydney Smith, who said: 'It is not the first man that says something valuable who deserves the credit for it, but he who says it so loud, and so long, that at last he persuades the world that it is true.'

"Dr. Parvin, in his classical work upon obstetrics, says that in 1793 a physician in Venice also advocated this identical Walcher position. He probably had learned it from Scipio Mercurio's description a century previous. I will now summarize the sequences of the Walcher posture, and specify when, and where, it may be advantageously resorted to by the accoucheur. When the head is arrested at the brim or superior strait, legs down, Walcher posture; when it arrives at the outlet, legs up and flexed upon the abdomen, lithotomy position. When the head is pressing upon the perineum and distending it, legs down, until the delivery is accomplished. Practitioners will find these several postures to materially assist any lingering labor and they may be made available when the forceps are to be applied." R. C. W.

LAPPA OFFICINALIS.

The dock family of plants at one time had quite a reputation as active alteratives, etc. But the newer remedies seem to have pushed them aside. We are not sure that they deserve the neglect that is at present accorded them. This one, the common "burdock," we believe had more extended use and better reputation than other members of the family. Special activity is claimed for it along diuretic lines. It lessens irritation of the urinary apparatus, and at the same time increases both the watery and solid parts of the urine; it increases waste in the true sense of the term. From the fact that it does this without

causing irritation or disturbance, recommends it in cases where the salines can not be given. Under its administration the amount of water, uric acid and urea, are all increased.

If you seek its classification you will find that various properties are accorded it. Thus, it is an alterative, aperient, diuretic, sudorific, and that it is a better remedy than sarsaparilla. This last does not add much to its glory, for, according to recent discussions through journals, etc., sarsaparilla is said to be without virtue as a remedy. "Oh, how have the mighty fallen!" This should be rendered in the present tense. Oh, how the mighty are falling! Poor sarsaparilla is not the only mistreated and neglected galenical; there are others.

Formerly preparations of the seeds of the lappa were said to be a specific for certain chronic skin affections, especially psoriasis. It was supposed to cure because of its power of overcoming *blood taints* generally. It was said to be a very excellent remedy for skin diseases of the eczematous type, and in leprosy, in so-called scrofula, in rheumatism and gout, as well as in syphilis. Its blood-cleansing effects overcome the recurrence of boils, styes, and other blood dyscrasias.

It is recorded that it is a remedy of no little value in broncho-pulmonary troubles. It checks cough and relieves bronchial irritation.

Nearly every Journal reader can well remember that burdock was formerly a valued ingredient of almost every cough syrup, whether made by the profession or laity. It is quite likely that the day of "cough syrups" has gone, and it is well, for they were usually abominable mixtures, and favored a hit or miss practice of medicine. Still we believe that many of their ingredients should not be forgotten. The study and use of many of them singly might redound to the benefit of medicine, and burdock, in our opinion, is one of the most deserving of them.

Whether the full strength alcoholic preparations of the root or seeds, given in small doses, equal in effect the weaker preparations and infusions and decoctions of the herb, we can not say positively. We commend the study of both. Of the specific medicine usually from one-half drachm to one drachm is added to four ounces of water, and a teaspoonful of the mixture is given every one to four hours. W. E. B.

CHELONE GLABRA—Balmony.

We see this remedy mentioned quite frequently in the writings of the older Eclectics. Just now it seems to have fallen into a state of innocuous desuetude. Its action promotes waste and secretion. It is also cathartic and vermifuge. It is a remedy that should receive due attention in intestinal debility, and in the various hepatic affections in which a liver stirrer is demanded. It relieves constipation, and is a more or less useful mechanical disturber of the lumbricoid worm. Locally it is recommended as an application to inflammations, tumors, swollen breasts, engorged hemorrhoids, etc. W. E. B.

HELLEBORUS NIGER—Black Hellebore.

This is an old remedy, but has fallen into disuse, and it may be disrepute with some practitioners, and we believe principally because they did not use it properly. No doubt it was given in much too large doses, and poisonous rather than medicinal effects followed, or if you prefer it, physiological effects followed large doses. They were disagreeable head symptoms, emesis, spasms, heart failure, hypercatharsis, cold sweats, death, and the undertaker. It is certainly a remedy with some force, or it would not produce these effects, and the point necessary to its becoming valuable is first, what is the medicinal dose. Five drops of the specific medicine to four ounces of water, and a teaspoonful of the mixture given every hour or two, will act kindly, produce good effects and not ill.

Helleborus certainly has some cerebro-spinal influence, and it also affects the sympathetic to a degree. Its heart effect is not much unlike that of digitalis. Upon nervous manifestations it has a very material or decided influence. It is a remedy of no mean value in hysteria and hypochondria, and in mania as well as in epilepsy, apoplexy, etc. It has been praised as a remedy for dropsy. Relief in this instance does not come through its hydragogue effect upon the bowels, but rather through increased heart action, and consequently diuretic effect.

Dr. Goss credited hellebore with having a specific action upon the genito-urinary organs of both male and female. He highly recommended the small dose as an emmenagogue—a remedy for functional amenorrhea. He declared that it would overcome some cases of sterility in the female, and act as a bracer upon the male; that it would relieve or cure impotence in man when due to atony or excess. If it will reach all cases of this kind, we can soon get rich, and at the same time get rid easily of a mob of impotent ingrates.

W. E. B.

HEPATICA—Liver Leaf.

This is an old remedy, and from its name one would connect it with liver troubles, and so is its reputation. An old writer, Culpepper, said that it would both cool and cleanse the liver. So that it is recommended as a tonic and stimulant to this organ in congestion, hepatitis, etc. Besides, hepatica has a decided action upon the mucous membrane of the respiratory apparatus. It is the remedy in chronic cases like bronchitis, when there is a below-par secretion of mucus. The dose of the specific medicine is from ten drops to half a drachm, taken in an abundance of water.

W. E. B.

SURGICAL ITEMS.

Recently at the new Seton Hospital there was presented to the clinic by Dr. McKee, of Dublin, Ind., a case, which for errors in the construction and development of human organism, and for a general mix up of a pathological nature, was about as interesting a clinic as we often find presented. The patient, a young lady about 18 years of age, from the waist line above was perfectly normal in development, and to all general appearance as she reclined in the bed, a picture of perfect womanhood.

The history of the case for which she was seeking relief dated back about three years to the time of the commencement of menstruation; and for the last three years at certain periods she suffered excruciating pains in the abdomen which seemed to be due to the spilling of ovulating fluid intra-abdominal. These pains could only be brought under control by the use of excessive doses of morphine. At the time of the surgical interference while the patient was under the influence of the anæsthetic, we made a very careful examination to determine exactly what surgery would be required to effect a cure in the case. Nature had failed entirely in giving this young lady either a womb or vagina. The left kidney was displaced and hung over the promontory of the sacrum deep down into the pelvis, giving the exact appearance of a uterus.

The abdomen was opened, and then the true condition of affairs was revealed. On either side in the broad ligament well developed ovaries and tubes were manifest, both of a cystic degenerative character, and at the maturity of the Graafian vesicles, the spilling or flow following all, passed into the abdomen and pelvis, producing the intense pain and a sub acute peritonitis.

The ovaries and tubes were carefully removed, and the toilet of the peritoneum completed, the abdomen closed, and the patient returned to her cot very little shocked from the operation. She made an elegant recovery, but complains occasionally and imagines she is going to have a return of the pains. This leads me to state that oftentimes following the removal of an organ, or the amputation of a crushed foot or hand, sometimes for weeks or months following the operation the patient will complain of the recurring pains in the parts which have been removed.

INTESTINAL TUBERCULOSIS.—If tubercular patients are not allowed to expectorate on the streets, cough whenever they please, and expel all the mixed tubercular mucus, what must naturally be the result? Will they not in a measure eventually form the habit of swallowing the bronchial mucus, and the excretions from the naso-pharyngeal tissues, and produce intestinal tuberculosis? Every physician can recall cases of intestinal tuberculosis, who have carefully watched the advancing phthisis pulmonalis, and have evidenced the tubercular invasion into the abdominal tissues, the hyperemic secretion of the

alimentary tract, the loss of appetite, continual diarrheal discharges and hyperexia as manifested by the clinical thermometer taken in the field of intestinal invasion.

AN UNUSUAL FRACTURE OF THE LEGS.—Recently I was called to assist my brother in giving surgical attention to 15 persons who were injured while traveling in an inter-urban electric trolley car, which ran at a rate of speed of about 25 miles an hour, running in an open switch, and colliding with a large freight car laden with coal. The motor man had only a moment's notice, and put on the emergency brake, which forced the knees of all the occupants of the car against the seats. The next moment the car had collided, and the occupants were pitched forward over the seats in such a way that eight of them had their legs broken from two to three inches below the knee, producing a rare injury for which the ordinary splints adopted by the profession were inadequate, as the fracture was too low for the posterior and anterior knee-splint, and too high for the ordinary tibia and fibula splint. Three of the ladies had both legs broken below the joint named, and two men that were very muscular received the same fracture, together with a splitting into the joint of the fractured head of the tibia. All the cases required profound anesthesia, and the combined full efforts of six persons to properly adjust the fractured bone. Thus, by the new mode of travel new experiences are produced in the care of the injured.

In nearly all cases of inflammation of the appendix there are five prominent symptoms almost always manifest: pain in the right iliac region, tenderness on pressure, rigidity of the muscles, supra-normal temperature, and nausea. The pain in cases of appendicitis is often paroxysmal, sometimes so severe that the child will scream, and will often be found with the right limb flexed upon the abdomen. If the temperature be taken near the field of the fight, it will generally be found a degree or more elevated from that taken by the mouth.

Whenever any or all of these symptoms combined are fairly manifest in a case, it resolves itself as a rule into one for surgical interference. Especially is this true if there is obstruction of the bowels, with increased nausea and vomiting.

For years it has been my custom, before submitting a patient to a surgical operation, especially in the nature of a laparotomy, to have the patient thoroughly prepared for the operation by the free administration of broken doses of sulphate of magnesium, both for its evacuating effect and antiseptic influence. I find in nearly all cases where the patient has been thoroughly prepared by total abstinence of all solid food, and placed on liquid diet, with the free administration of salts, that there has never been any evidence of auto intestinal tox-

mia, and that the patient has a much lower temperature following the operation, and makes a better recovery.

In a recent issue of the Journal, I had translated a paper of Prof. Metchnikoff, of Pasteur's Institute, in which he recites the cause of intestinal ptomaines on account of the different microbes infesting the intestinal canal. Therefore I think it better, and I am more and more convinced that with a thorough washing out of the intestinal tract, these micro-organisms are displaced, and that we dispose of a liberal amount of intestinal ptomaines that multiply and do great harm where nature's resistance is impaired, following the shock and lessening the vital forces after a surgical operation.

Dr. J. F. York, of Kenova, W. Va., brought to the Betts St. Hospital, Judge G. G. Burgess, a very prominent citizen of Kenova, for a surgical operation. The patient had passed through the hands of several physicians, and all had failed in making a diagnosis of his case until he came to Dr. York for advice, who, after listening to the many complaints which the Judge had to offer, very promptly told him that those were the prominent symptoms of stone in the bladder; and after making a careful examination, the lith was located, and the patient soon on his way to the hospital.

The operation, on account of the age of the patient and the thickness of the abdominal walls, and the excessive quantity of pus which was discharged with the urine, was the left lateral lithotomy incision; and on exploring the vesicle with the lith forceps, two liths, one about the size of a silver dollar, the other the size of a quarter in circumference, were removed, and the patient, very little shocked, was returned to his bed in elegant shape within twenty-five minutes of his entrance into the operating room.

I wish to find fault with the average practitioner in not listening more carefully to the story of the patient who complains of such marked symptoms, so characteristic of foreign bodies in the bladder. Do not be in haste to rush to the medicine room and put up a bottle of medicine, and for a small fee allow the patient to continue suffering and finally drift into other hands. In this case I am glad to note that as soon as the Judge left the other schools of medicine, he was very promptly told the cause of his lesion.

Prof. Bizzozero, of the University of Turin, proposes to show what histological modifications the tissues of our organisms possess, and how continuous physiological processes of regeneration are effected, with the properties of the parts preserved unchanged, and how the various tissues are enabled to repair the losses to which they are subjected pathologically, and the carrying out of growth and regeneration as manifest by the blood-vessels and elementary tissues of the

body. Possibly the Professor has bitten off a little larger hunk of nature than he will be able to masticate to the entire satisfaction of the scientific world.

L. E. R.

SURGICAL TREATMENT IN GUN-SHOT WOUNDS.

Wm McKinley, late President of the United States, was shot by a Polish assassin, an anarchist, Friday afternoon, September 6th, at the Pan-American Exposition, Buffalo, N. Y. Two bullets were fired, one made abrasion of the skin over the breast bone, giving a glancing shot, doing no especial harm. The other bullet entered the body lateral to the anterior median line, passing through the anterior and posterior walls of the stomach, near its lower border, and on into the back walls of the abdomen, cutting a little from the upper part of the kidney, and from here no trace of the bullet ever has or will be found, showing that whatever may have become of it, it was further harmless.

In a few moments after the shooting, the president was on the operating table of the improvised hospital on the exhibition grounds, and several surgeons called to deal with the problem. There were but two questions to be considered: 1st, a do-nothing, expectant policy, which in the light of subsequent events, would probably have restored to the American people its President alive and comparatively free from much injury on account of the shooting. The second problem contemplated the opening of a very large abdomen, seeking for the bullet wounds in the abdominal viscera, excising the devitalized tissue around the bullet wound, approximating carefully the edges and suturing them, perfecting the toilet of the abdomen, closing the same, and with judicious after treatment, graciously 'hope and expect a recovery.

President McKinley died on the ninth day, the surgical tidal day in surgical lesions. The autopsy showed that in addition to the bullet wounds, there was added the laparotomy wound, and that together the burden was too great for Nature to carry through to a successful issue. On the other hand, had the surgeons treated the gun-shot wounds by excision of the devitalized tissue and closure of the incised wound as above suggested, with a proper toilet of the abdomen, and allowed the stomach to remain dormant without supplying any food whatever, the verdict would undoubtedly have been different. The question of a poisoned bullet should not be considered for a moment, and must have been offered as a very feeble excuse. Had the bullet been poisoned with curare or any other active poison, its effect would have been manifest within a few hours; or nature would have eliminated its toxic effect; so that this excuse may fall to the ground without further mention. It seems to me that there is an inclination for bulletin making and the appending of names of surgical attendants that is not according to ethics as understood by the profession at large.

L. E. R.

POISONS IN FOODS.

SENSIBILITY OF PLANTS.—A note by Henri Coupin in the *Academy des Sciences* deals with the sensibility of the higher plants to very small quantities of toxic substances in a state of extreme dilution, and the remarkable character of the work lies in the almost infinitesimal quantity of such substances needed to cause serious disturbances in the health of the plant organism. The most deadly substance discovered by M. Coupin was sulphate of copper, of which only one seven-hundred-millionth of its weight in water was sufficient to react upon plants disastrously. The foregoing amounts, poisonous as they are to plants, are altogether too small to be detected by chemical analysis; and the research raises the important question as to whether or not the character of the vegetation of a country is largely influenced by minute quantities of such substances contained in the soil.

The foregoing leads to a subject that we had thought to mention some time ago. It is to the effect that modern methods are influencing human lives more than we know. We find foods and food products contaminated with substances the direct energies of which are not thoroughly comprehended. The chemist has stepped into every branch of industry and into every section of food product. We find preservatives and antiseptics employed in directions where in former years such substances were not heard of. We find secret compounds sold promiscuously for this purpose to people who care very little for their composition, providing they find them of use for the purpose of saving their wares. In many instances these substances are not classed with the poisons, but the question is, what unknown substance or substances can be present in one of these mixtures and be overlooked by the analyst, and yet be objectionable to the food? When a substance considered so innocuous and harmless as sulphate of copper becomes, in an extremely dilute condition, the most deadly substance discovered, so far as vegetation is concerned, the most reckless individual must needs be made to think of the effect of other chemicals under other conditions. What chemist familiar with life will say that other compounds that are being employed as antiseptics and disinfectants, and in foods and drinks, may not greatly concern the people at large? We believe that no antiseptic and no disinfectant should be permitted to be sold in any manner whatever, unless its composition has been fully made known to the health authorities of each state and each city where it is sold, and never without its complete formula is printed on the label. And that no distributor of fruits and vegetables and no preparer of foods of any description should be allowed to use any substance whatever in or on these products without a license from the authorities of the state and the corporation involved. We believe that unless some step is taken in this direction, the United States Government will be compelled to take hold of this matter with a strong hand, and restrict the reckless employment of all questionable substances. It is not enough to say that so far as is known these bodies are not deleterious; let it be shown positively that they are harmless, or prohibit their use.

J. C. L.

Eclectic Colleges—An Open Letter,

"LYSANDER, New York, Sept. 9, 1901.

MY DEAR DOCTOR: Be kind enough to read this document. It concerns you, and also the cause of Eclecticism vitally.

The strenuous life of this new century is felt in no profession more intensely than in the medical. The various schools have an intuitive feeling that they are put to the test, and they are striving for pre-
cedence with all their energy.

In this struggle the Eclectic school is more than holding its own. New Eclectic colleges, well equipped, with able and tried instructors, are springing up in response to a demand for Eclectic teaching, and their students are taking prominent positions in competition with the best products of the other schools.

The West is particularly alive to Eclecticism. This is probably due as much to the keen insight of the western people as to their independent radicalism. We of the East are handicapped by conservatism, and as Eclectics—pioneers of newer and better things—we must, if we wish to keep up with the procession, rend our bonds and assert our independence.

As Eclectics we may justly assert that we have the best and most successful practice of medicine in the world. We may with truthfulness say that we are the equals of all other medical bodies in the other departments of medical science; but it is in the practice of medicine that our positiveness may best assert itself. Specific medication—the correct fitting of drugs to definite pathological conditions—is destined to become the medical practice of the future. We are the originators of the idea. We must carefully continue to study drug indications and disease expression, and nowhere can the student learn this most vitally important lesson save in Eclectic colleges.

I particularly ask you to become imbued with the above idea. Eclectics need Eclectic education. Eclectic education can only be obtained in Eclectic colleges. Eclectics are marvelously successful in their practice.

Many of us are getting old in the fight. New men are needed. New blood must be plentifully infused into the Eclectic body if it is to retain its vigor and continue in its successful efforts of reform in the practice of medicine. That is why I address this circular to you. If Eclecticism is to fulfill its mission, our colleges must be filled with young men and women to be taught our methods. The filling of our colleges lies to a certain extent in your individual hands. If they are filled it is to your credit; if they are empty, to you must come the blame.

I exhort you to think seriously of this. You doubtless know—every physician knows—of some bright young man or woman who contemplates the study of medicine. Will you not seek him out and impress upon him the fact that Eclecticism opens up to him a field more sure

of success than any other practice; that specific medication is not only a success to-day, but is the sure dominant practice of the future? Let him make no mistake in choosing his school of practice.

Of Eclectic colleges there are plenty. Direct him to any of them. The important cities of the West and South have them, and they are all good. In the East we have the Eclectic Medical College of the City of New York, and we of the East are loyal to it whether it is our alma mater or not. It is the equal of any of them, and is worthy of our patronage. Direct your students to it or to any Eclectic college you may choose. You can not err in any of them, but if you have no choice send them to our home college with full confidence that the best Eclectic instruction will there be given them.

Students from Eclectic colleges have passed with honor their examinations before the various State Licensing Boards, and of their record and standing we are justly proud. Let us rally and fill our colleges. Will you not help, my brother?

Respectfully and fraternally, F. P. SINCLAIR, M. D.

The above from the pen of Dr. Sinclair is good, is timely, is truth. Let Eclectics be Eclectics. Let them support Eclectic colleges and Eclectic instruction. Let them move onward and upward, never backward. Read this letter again and ponder. Let every Eclectic college of the land be filled to overflowing. If every Eclectic college is as it should be, full to the brim, there will yet be a cry from the people for more graduates in Eclecticism.

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Competent authorities agree that very little medication is required or is desirable in the treatment of this disease. It is necessary to control the temperature of the patient, and the best means of reducing dangerously high temperature is by repeated sponging of the body with tepid water, the use of the wet pack, or, when the surroundings will permit, the employment of the full bath.

The alimentary canal should be kept in as nearly an aseptic condition as possible, and this may be accomplished by the judicious administration of zinc sulpho-carbolate (the Merrell company supply this remedy in the convenient form of 2, 3, and 5 gr. tablets).

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BOOK NOTICES.

HISTORY OF MEDICINE. A Brief Outline of Medical History and Sects of Physicians, from the earliest historic period, with an extended account of the new schools of the healing art in the nineteenth century. And especially a History of the American Eclectic Practice of Medicine, never before published. By Alexander Wilder, M. D. 8vo, 946 pages, cloth, \$2.75. Published by the New England Eclectic Publishing Company, New Sharon, Me. For sale by the Scudder Brothers Co., Cincinnati, O.

This reviewer believes that Dr. Wilder could have better satisfied himself and friends had this work been in three distinct volumes, each as large as this one. For example, the person who has followed Dr. Wilder's magazine contributions on Egyptology and other subjects connected with early religion and early people, will perceive that Archaic Medicine (medicine of this historic period) should have been a volume to itself, an illustrated volume as large as this one. From his rich store of knowledge concerning those times when religion, occultism, the priests and the mystics, the "olden gods," the mysteries of symbolism and the illusions of legend, were inseparable from medicine, Dr. Alexander Wilder could, on this one subject, have given us a monumental volume. In support of this assertion, let the reader of the present volume consider its pages from 1 to 106, and imagine what might have been had an entire volume been devoted to the dead world's medicine.

And next this reviewer can not but lament that a second volume was not in itself complete, carrying this history of medicine from the day of Adolf who aimed at the extinguishment of the Roman empire to the medicine of the nineteenth century. From the time that, as Dr. Wilder so aptly expresses it, "The sun of knowledge had set over all Europe, and only stars and torches remained to lessen the heavy

darkness," to the day ushered in by the closing words of Culpepper, Cullen, and the new theory of chemical philosophy. Read this history of medicine from page 107 to 279, and comprehend what a work Dr. Wilder could have given, had his pen touched all this at length and in detail.

The third of these volumes could have been mainly devoted to American medicine, beginning with the era that shocked the "ancient and time honored profession," that ushered in Samuel Thomson and witnessed his monumental struggles, his persecution, and the dawn of American medicine. This third volume should have ended with the year 1861, which witnessed the suspension of the Eclectic Medical Journal, the volume of which for that year containing but six numbers. From 1861 to the present date, it is evident that Eclectic Medicine alone contains in itself enough material for a great volume—a volume that must yet give detailed attention to subjects that Dr. W. has scarcely touched upon, concerning which he has said but a word, where in time to come chapters will be written. And that this reviewer considers this subject now as he did in the past, is evident from the fact that when the National Eclectic Medical Association met in Detroit in 1899, it was his privilege to be a room-mate of Dr. Wilder, and there, when too late, for the work was partly plated, he argued that this history of medicine should date from the day of Samuel Thomson and end in 1861.

The subject, the present "History of Medicine," is in itself a fund of information which the reader may seek in vain elsewhere to duplicate. The plan and scope of the book is best shown by giving the chapter headings, as follows: Archaic Medicine—Medicine in Ancient Historic Periods—Medicine in the Middle Ages—Medicine in Renaissance—Medicine in the Seventeenth Century—Medicine in the Eighteenth Century—Former Years of the Nineteenth Century—The Nineteenth Century Continued—Evolution of the American Practice of Medicine—The Great Conflict for Medical Freedom—Medical Colleges and Organizations—Medical Colleges and Organizations Continued—Medical Colleges and Controversies—Important Events in the Eclectic School—Eclectic Medical Colleges and Medical Societies—Botanic and Eclectic Medicine in England—Publications of the American Reformers in Medicine—Later Developments in Surgery and Medicine.

Its preliminary contents embrace the cream of the researches Dr. Wilder has made in ancient medicine—such subjects as Egyptian, Babylonian and Assyrian, Indian and Persian, China and outer Asian, the Skythic Autochthones, and prehistoric Greece. This section is in fact a study of the mist periods in which gods and traditions and faiths were so closely linked with methods used to cure bodily disorders as to make this part of the book a work to interest all who find in it an historical treat. This part alone, to the student of long past medicine, is worth the price of the book.

Then comes the part that spans the period between ancient and

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EDITORIAL FROM E. M. JOURNAL

recent history. The manner in which Dr. Wilder handles the subject is beautifully shown in the closing verse concerning "Medicine in the Ancient Historic Period," as follows :

"The dismemberment of the Roman Empire, the utter overthrow of Persia, and the rise of a new faith in Arabia, changed the entire aspect of the civilized world. With the fall of Alexandria the old order of things passed away. Ancient learning was vanquished in its last fortrees. Apollo and Æsculapius were dethroned. The Asklepiad, Dogmatist, Empiricist, and other sectaries passed into oblivion. Only Galen remained as the chief luminary of the long night that now hung its black curtain over the medical world."

The second epoch carries the "Rise of Islam Persian Schools, Arabic Learning, the Khaliffs, the Great Al Mamun, Avicenna, Albulkasim, Avenzoar, Averroes and Maimonides, the healing art of earlier Christendom," etc., etc., bringing the work down to American Practice, which Dr. Wilder heads, "Ring in the New."

In this third section, between the day of Samuel Thomson and the year 1861, we have what in the mind of this reviewer, is the part of the history that no other living man could write as well as Dr. Wilder has done it, nor has any man attempted it. In this third part we have a record of those momentous periods involving the war between the regulars and the irregulars, between orthodoxy and so-called heterodoxy, between persecution, prosecution, oppression, and ostracism on the one side, and all that opposition to the foregoing could breed in the minds of men who believed they were engaged in a struggle that meant either personal subjugation or professional liberty. In these pages we find depicted the rivalries of factions and of schools, the antagonisms of men and of method, the display of bigotry, of dogmatism and of sacrifice. We find men, concerned in liberal medicine, united in a common cause against a common foe, and yet in turn so sadly divided among themselves as to embitter their very lives.

Had Dr. Wilder not written this work, and thrown into it the personal equation that comes from out his own self, the records of men and effects of conditions that enveloped men, we who came later than Dr. Wilder, and others to follow us, would have suffered irreparable loss. This third section the reviewer considers of great value to our school, both as a history of events and as a picture of men.

Subsequently to 1861, there is also a fund of unwritten information that should have been recorded. But in these pages, especially since 1870, are to be found the portions that to many men will be disappointing. Had Dr. John M. Scudder, or a zealous advocate of his views of medication, been writing the history of Eclectic medicine between 1861 and 1900, much that is scarcely touched on, or that is altogether neglected, would have been viewed differently and made conspicuous. Had Dr. John King held the pen, very material distinctions would have been drawn in some directions regarding the history of certain preparations in which Dr. King was personally con-

nected, and on which his views were positive, and yet this would not have been personal, for Dr Wilder and Dr. King were close friends. In other words, these men were alike involved in the evolution which since 1861 gave us an era of its own, the history of which must be yet made by the man who corrolates all that has been done, and with room to express it writes therefrom a history. And when this history is written, the present work of Dr. Wilder will be of exceptional value as giving data to be found in no other place.

It will be observed that no attempt is made by this reviewer to be hypercritical, to pick out flaws, to dwell upon little faults or upon errors of judgment concerning things which in the reviewer's opinion might have been different, or should have been different. These are left to those who feel that the sin of omission or of commission demands detail publicity, and to those who delight in avenging an oversight of fact or fancy, concerning either friend or self, or who feel it a duty to dwell upon human mistakes or misjudgment. If this reviewer were to sum up some of the faults in this book, he would say that Dr. Wilder has been rather too courteous to past friends who never helped either himself or Eclecticism, and has overlooked the good work of others, not so close to him, who sacrificed much in behalf of the cause. But let these things pass. The History of Medicine by Dr. Alexander Wilder should be in the hands of every Eclectic physician concerned in his profession's record.

J. C. L.

THE PATHOLOGY AND TREATMENT OF SEXUAL IMPOTENCE. By G. Vecki, M. D. Third edition, revised and enlarged. 12mo, 329 pages. Philadelphia: W. B. SAUNDERS. Cloth, \$2.00 net.

The whole subject of sexual impotence, and its treatment is discussed by the author in an exhaustive and thoroughly scientific manner.

Although no one denies that the sexual function is of the very greatest censequence to the individual as well as to society in general, yet the subject of impotence has but seldom been treated in this country in the truly scientific spirit that its pre-eminent importance deserves, and this volume will come to many as a revelation of the possibilities of therapeutics in this important field. The author ventures to assert that in many cases it is a better deed to restore to an impotent man the power so precious to every individual, than to preserve a dangerously sick person from death, for in many cases death is preferable to impotence.

It is a well-written, scientific work, and can be recommended as a scholarly treatise on its subject.

L. W.

SYPHILIS; its Diagnosis and Treatment. By W. S. Gottheil, M. D. Pages 216. Price \$1.00 net. G. P. Engelhard & Company, Chicago.

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The book of today must be built on the battle-field of yesterday, and even before the printer's ink is dry, new discoveries are made that changes greatly the theories of other days.

The author of this little book in its preface foresaw the hand-writing on the wall of the cause of syphilis. If he will peruse this issue of our Journal, he will read the latest investigations in this line. In the next number of the Journal will be presented to the readers a photo-engraving of the syphilitic microbe, presented with the compliments of the investigators, Professors De Lisle and Jullien, of Paris, France

This little book is to be commended, however, for its excellent illustrations, and the concise description of the syphilitic lesion, and is worthy of a place in any medical library.

L. E. R.

ESSENTIALS OF THE DISEASES OF CHILDREN. By William M. Powell, M. D. Third Edition. Thoroughly Revised by Alfred Hand, Jr., M. D. 12 mo., 250 pages. Philadelphia: W. B. Saunders & Co., \$1.00, net.

This revised edition of Saunder's Quiz Compend has been enlarged and changed so as to represent the present state of pediatrics. The chapter on infectious diseases has been rewritten, and many changes have been made in pathology of the various diseases treated of; among the new sections is one on infant feeding the directions for examination of children are particularly good, and the whole work is concise, and to the point. The treatment, as might be expected, will not commend itself to the Eclectic practitioners, but it fully represents up-to-date "regular medication." The book is well worth a place on the physician's table.

H. W. E.

We are just in receipt of the October issue of the Century Magazine. This standard monthly is still holding its own in spite of the increasing number of cheaper monthlies. It usually contains about 160 pages of reading matter and is finely illustrated. The articles are intensely interesting and up to date, and for solid substantial magazine literature, cannot be excelled. Published by the Century Company, New York City, at \$4.00 per annum, or for sale by all news dealers.

COLLEGE AND SOCIETY NOTICES.

The next annual meeting of the Eclectic Medical Association of Colorado will be held in the office of Dr. J. S. Hayes, Room 520 Taber Opera House Bldg. Denver, Friday, October 4th at 2 P. M. Dr. T. Willis Miles, the Secretary, writes that he hopes a large number will be in attendance.

The Texas Meeting. Dr L. S. Downs, Secretary, is out with a strong personal appeal to each Texas Eclectic and is asking for a rousing meeting at Houston, October 8, 9 and 10. A number of distinguished

Eclectics from a distance will be present to help make the meeting interesting. Reduced hotel rates, and reduced railroad rates of one and one-third fare on the certificate plan. Members can also register their diplomas under the new medical act, at the same time. No Texas Eclectic should fail to attend this meeting.

PERSONALS.

Last month we had a pleasant call from Dr. W. O. McLeod, E. M. I. '71, who is now located at Santa Anna, California, and has a good business.

Dr. R. O. Williams, E. M. I. 1900, has just been appointed local surgeon for the L. & O. Railroad at Humboldt, Tenn. We are glad to learn that Dr. Williams is doing so well.

REMOVAL.—Dr. G. W. Boskowitz, Dean of the New York Eclectic Medical College, and editor of the Eclectic Review, has moved his office and residence to 140 W 71. st New York City.

Dr. Austin S. McKitrick, E. M. I. formerly of Kenton, O. is now located at 176 Euclid ave. Cleveland, Ohio.

LOCATIONS.—Two good country locations in Illinois; a good man can make \$1500 or more the first year. Nothing to sell. For particulars address with stamp Dr. G. S. Couch, Friendville, Ills.

DIED, at Hamilton Ohio, James L. Kirkpatrick, graduated from the E. M. I. in 1867, and had been practicing at Hamilton, Ohio, for over thirty years.

DIED, in Germany, July 29th. Henry Armgardt, M. D. Dr. Armgardt was professor of Materia Medica and Therapeutics in the Eclectic Medical College of the City of New York for a number of years. He was a resident of Brooklyn, and when he left for his European trip, he was in his usual health. Dr. Armgardt leaves a widow, one son, a medical student, and a daughter.

PRACTICE AND PROPERTY FOR SALE.—A good practice of \$4000 a year in a town of 1400, surrounded by a rich farming community. Two railroads, electric and water plant in town. Reasons for selling, desire to locate in city, and limit to office practice. For particulars address W. A. Oyler, M. D., Argos, Ind.

READING NOTICES.

EXCEEDINGLY BENEFICIAL.—I used the bottle of Neurilla which you sent me and have procured a second supply, I used it upon my own case and have found it exceedingly beneficial—in fact, I can say after trying several nerve remedies, none have done me so much good as Neurilla.

I will place Neurilla in my Materia Medica at the head of nerve calmatives.
O. F. PROCHASKA, M. D., Cleveland, Ohio.

Chronic gastritis is a condition of the stomach almost daily met with in this country in a more or less well developed form, and to successfully treat these cases as they come to us is a goal we all desire to reach.

On May 21, 1900, Mr. H., came to me from an adjoining county and applied for treatment, having been through the hands of two old school physicians, in the last four years.

His age 57, average build, lean, languid, dull, expressional eyes, coated tongue, dirty, sallow colored skin, gave history of indigestion for last four years, characterized by eructations of sour materials, pain after eating, nervous depression, sleepless nights, constipation alternating with occasional attacks of diarrhoea, vomiting, not marked, loss of flesh, weak pulse, flabby muscles, in fact, a typical case of gastric catarrh in its chronic form.

From the history of treatment and the many symptoms pointing to the drug, I prescribed nux vomica and diluted muriatic acid after meals, believing the digestive fluids deficient in quantity. The patient reported some improvement in two weeks, his medicine was repeated and he was cautioned about diet, as formerly.

He reported again on the 21st of June, 1900, and gave history of an attack of rheumatism one week before, but still improving slowly of his stomach trouble.

In the meantime, I read of a case having been successfully treated with hydrozone and glycozone, then I concluded to use these as adjuvants when patient returned.

Owing to impossibility of regular lavage, I furnished patient with two ounces of hydrozone and directed him to add one ounce to a quart of sterilized water and take half a tumblerful half an hour before meals.

This, you will perceive, would procure a clean surface for the on coming meal, though for first few days it produced some discomfort he said from accumulation of gas.

Immediately after meals he was ordered to take a teaspoonful of glycozone in a wineglassful of water and three grains of nux vomica.

The next report was the 16th of July when the improvement was very marked in his general appearance; patient was then able to eat without any dread pain or discomfort.

Prescription was repeated and by August 1st all signs of any lesion of stomach had disappeared. Patient claimed to be well for the first time in four and one half years.

Dr. Finley Ellingwood, in his excellent *Materia Medica*, says glycozone is one of the best manufactured products of the present time in its action upon enfeebled disordered stomachs, especially if there is ulceration or catarrhal gastritis.

It is a most efficient preparation and I shall use it freely in the future. DR. CHAS. J. POLLARD, *before Kentucky State Homoeopathic Medical Society.*

AN IMPORTANT LAW—HOUSE BILL NO. 320.

An Act to prevent the substitution of any drug in filling Physician's prescriptions by Druggists in the State.

SECTION 1. Be it enacted by the General Assembly of the State of Tennessee, That it shall be unlawful for any corporation, firm or person, or any combination or association of corporations, firms or persons engaged in the business of buying, compounding and selling drugs and medicines to substitute any drug or medicine in lieu or instead of that given to the patient by the physician on the face of his prescription.

SEC. 2. Be it further enacted, That it shall be unlawful for any agent or employe of such person, firm or corporation or association or combination of persons, firms or corporations engaged in the business of buying and selling drugs in this State to substitute any medicine for the specific medicine mentioned in the physician's prescription.

SEC. 3. Be it further enacted, That any person, firm or corporation violating the provisions of this act, or aiding or abetting the violations of the same shall be guilty of a misdemeanor and upon conviction shall be fined not less than \$25 nor more than \$100 for each and every offense.

SEC. 4. Be it further enacted, That this act take effect from and after its passage, the public welfare requiring it.

Approved April 3, 1901. BENTON McMILLIN, Governor.

E. P. WILSON, Speaker House of Representatives.

NEWTON H. WHITE, Speaker of the Senate.

A true copy, JOHN W. MORTON. Secretary of State

CANCER OF THE UTERUS.—The so called granular "os" is now known to be a common starting point of cancer of the cervix uteri and there can be no doubt that the early recognition and treatment of this condition will do much to reduce the still appalling mortality of cancerous diseases in women. A simple and effective way of treating granular degeneration of the cervix is to insert a Micajah Uterine Wafer into the vagina so that it will be in contact with the os, and hold it in position with a pledget of Cotton. These applications may be made every two or three days, being preceded each time by a copious hot douche. As the result of the antiseptic, astringent and stimulative action of the wafers, the erosions rapidly cicatrize with restoration of the parts to a perfectly normal condition.

Our readers will find in this number, the announcement of a remedial preparation, viz:—"Antikamnia & Heroin Tablets," each tablet containing 1-12 grain Heroin Hydrochloride (muriate) and 5 grains Antikamnia. All members of the medical profession should familiarize themselves with this combination and we respectfully advise our readers to look up the advertisement and send for samples.

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JOHN K. SCUDDER, M. D.
MANAGING EDITOR.
Assisted by the Faculty of the Eclectic Medical Institute

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VOL. LXI.

CINCINNATI, NOVEMBER, 1901.

No. 11.

ORIGINAL COMMUNICATIONS.

ELECTRO-THERAPEUTICS.

By J. R. Spencer, M. D., Cincinnati, O.

THE writer has been solicited to prepare a series of articles on the use of electricity in medicine for the readers of the *ECLECTIC MEDICAL JOURNAL*. He has consented to do so, realizing that much literature of a contradictory nature has been written and published upon this subject, and that different views and theories have been advanced by different authors. None of these theories or writers will be antagonized in these articles, but the main facts and principles upon which electro-therapy is based will be discussed, so that the busy practitioner will be able to get an understanding of this subject that will enable him to get the benefit of electricity as a therapeutic agent. The idea will not be advanced that electricity is a specific for the various pathological conditions which the physician is desirous of curing; but that it is a valuable adjunct to other therapeutic measures.

The treatment of diseases by electricity is a deep study which ought to engage the thought of every physician. We are living in an electrical age; wonderful progress in art, science and travel has been made within the past few years by means of electricity. We are now propelled with lightning speed across our great cities and through the more densely populated country districts for many miles, by electric cars. The doings of the people on the opposite side of the globe are made known to the inhabitants of the civilized world within a few hours by means of the sub-marine cable and telegraph; the merchant of one city can converse with one of another city 1000 miles distant, and distinctly recognize the tones of each other's voices by means of

the long distance telephone. Electrical devices have caused many very great improvements in works of art and mechanics within a few years.

These facts were observed by the medical profession, and some of the more progressive reasoned that if electricity was such a power in so many different fields, why should it not be utilized in medicine for more purposes than as a mere stimulant, the only property it had been supposed to possess for the last hundred years. With a view of gaining a more thorough knowledge of its curative properties, much experimentation was made. In 1867 Dr. A. D. Rockwell published the statement that the permanent tonic effects obtained from the proper use of electricity, were even more valuable therapeutically than the primary stimulant effects had proven to have been in the past.

This statement was received by the medical profession with incredulity and surprise. The idea had prevailed so long that electricity had no other medicinal property than that of stimulation, that physicians using it in their practice had failed to study its permanent effects upon nutrition. The use of it up to this time had almost entirely been confined to the treatment of sub-acute and chronic diseases, such as chronic rheumatism and paralysis. It was supposed to be contraindicated in febrile and inflammatory diseases.

The acceptance of the view that electricity is a tonic and improves nutrition, has revolutionized electro-therapeutics, and has caused electricity to be very extensively used by physicians generally as a therapeutic agent. The surgeon, the ophthalmologist, the dentist, the gynecologist—in fact, the specialist in every field—finds it an indispensable agent in carrying on his work successfully. It is the main stay of the neurologist, both in diagnosis and treatment. Now then, so wide is the range of adaptability of electricity to the treatment of disease, that it ought to become the property of every physician, whether his work be general or special.

This fact has been recognized by the National Confederation of Eclectic Medical Colleges, and as a result of action taken by that body, every college belonging to it has introduced a chair on electro-therapeutics, so that more recent graduates have received instruction on this subject, which will enable them to handle electricity in their practice. But how about the graduates of former years who have given the subject no study? Can they get hold of the subject of electro-therapeutics without a college training? They certainly can, but it will require some study. No physician can make a success of the use of electricity in medicine without some knowledge of the physics of electricity. The study of the subject can be carried as far as the physician desires, but he does not need enough knowledge on this subject to make him an electrical engineer, nor has the busy practitioner time to go into the subject further than is necessary to gain a knowledge of electricity, only as it applies to electro-therapeutics. This knowledge can be gained from any good work on the subject.

In order that the practicing physician should be able to grasp the subject of electro-therapeutics, he ought to get some knowledge of magnetism, galvanism, the induced current, static electricity and the galvano cautery. These are most essential, and some knowledge of them is absolutely necessary, to be able to use electricity with any degree of intelligence.

The name electricity is derived from a Greek word meaning amber. It was so named from the fact that when amber is subjected to friction an attracting force is developed. It is not known just what electricity is. The most recent and plausible theory regarding electricity is, that it is a mode of motion or a form of vibration of a matter known as *the ether*. This form of matter is supposed to permeate all bodies and pervade all space, even to the most distant star. Then this ether is really electricity in a passive state, which is made energetic when its equilibrium is disturbed, or when an effort to restore its equilibrium is made. A battery or dynamo is an instrument for producing such a state of disturbance.

Light is a transverse vibration of this same ether. Heat and sound are brought to the notice of the special senses by means of waves of ether.

While it is true that there is a mystery or doubt as to the origin or true nature of electricity, the laws that govern it are as well understood as those which regulate heat, light, sound, or gravitation, and can be just as well elucidated by mathematical calculations. This fact dissipates in a measure some of the mystery that has always been connected with electricity.

MAGNETISM.—The first division of electricity that will be studied in this series of articles will be magnetism. Magnetism is the power certain bodies have of attracting soft iron. The bodies possessing this power are called magnets; there are two classes of magnets, natural and artificial. Natural magnets are forms of iron ore, or loadstone. Loadstone was first discovered in Magnesia, in Asia Minor. From this fact the term magnet was applied to the substance possessing this attracting power. Artificial magnets are usually made of steel, and are magnetized by coming in contact with other magnets, or by having a galvanic current passed through them.

Magnets have a peculiar ability of manifesting their attracting power at each end; this power represents two opposite conditions, with reference to each end of the magnet; the ends of the magnets are spoken of as poles, one the north pole and the other the south pole. This condition is known as the polarity of magnets. The greatest attracting power of any magnet is found at its poles. This can be shown by rolling a magnetized bar of steel in a pile of iron filings, when it will be seen that these iron filings adhere to each end of the steel bar more than to any other part. In fact, very few, if any, adhere to the central portion of the bar. This central portion is called a neutral or magnetic zone, or a point of indifference.

A feature of magnetic polarity is, that like poles repel, and unlike poles attract each other; when two magnets are brought in contact with each other, the north pole of one repels the north pole of the other, but will attract the south pole, and the south pole of one will repel the south pole of the other, but will attract the north pole. When a magnet is broken, each piece will assume all the properties of the original magnet.

Artificial magnets are made in different shapes to suit the convenience of the user. They are made mostly in the shape of a horse-shoe, so that an application of both poles can be made at one time. A magnet armature is a piece of soft iron placed at the end of a magnet to prevent its loss of magnetism.

Powerful magnets may be made by placing a number of thin steel bars side by side, then magnetizing them together. There is a limit to the amount of magnetism that any magnet can contain. When a magnet can hold no more magnetism, it has reached a point of saturation; this state of saturation depends upon the temper and coercitive force of the magnet. Coercitive force is that power magnets have of first resisting magnetism, and then of retaining it after having received it.

Magnets are magnetized in three different ways: first by conduction; that is, by coming in contact with another magnet. Second, by the earth; the earth is a magnet and gives off its magnetism to steel or soft iron when they are in contact with it, or near it, for a sufficiently long time. It is calculated that the magnetism of loadstone is due to the continuous action of the earth upon it. Third, by induction. Induction means the charging of a body with magnetism by coming near to a magnet, without coming in contact with it.

In order to simplify the subject of induction, in connection with the study of electro-therapeutics, it can be spoken of as of two kinds, magnetic and electric induction. Magnets have the power of attracting metallic substances a short distance from them; this is due to lines of force that extend in every direction from magnets; the space covered by these lines of force is called the magnetic field. The same conditions exist around a wire over which a galvanic current is passing; the lines of force are called electric lines of force, and the space covered by them is known as the electric field. When any metallic substance is brought into either of these fields, and when these fields are disturbed in any way, it will receive magnetism by induction. There is no real difference between magnetic and electric induction only as to origin. The Faradic or induced current is gotten by induction, so that it is quite important that all that has been said on this subject should be understood, to give a correct knowledge of that current.

[To be continued.]

PSEUDO-MEMBRANOUS CROUP.*

BY J. A. D. HITE, M. D., Nashville, Tenn.

THE term pseudo-membranous croup is applied to a disease, the essential of which is inflammation of the mucous membrane of the larynx, with the formation upon its surface of a false membrane. It is a disease of childhood, rare in adult life, most usually occurring between the ages of 2 and 7 years, as I have yet my first case to see under one year of age or over ten. The common exciting cause is exposure to cold. My experience has shown me that children who live in heated apartments, and are taken into the open air without proper covering, and those who a part of the time are warmly and a part of the time thinly clothed, especially as regards the covering of the neck, are especially liable to be attacked with croup, often membranous. In my opinion there is another less common cause, namely, the inhalation of irritating vapors or swallowing irritating liquids, as one case came under my observation that was caused by swallowing strong vinegar, the child becoming strangled in the act of swallowing.

The disease is most usually primary, but I have seen three cases of the secondary form in the declining periods of measles, scarlet fever, and diphtheria. It is most common in the winter months or time of changeable weather. It is claimed by some authors that it occurs as an epidemic, but it is a question whether the supposed epidemics may not have been diphtheria. Again, we find some to claim that pseudo-membranous croup and diphtheria are the same disease, one being a more severe form; this I do not believe. However, I have found in one or two cases, not only the inflammation of mucous membrane, but the inflammatory action to extend to the submucous connective tissue, causing infiltration. Let authorities differ on these points, but on prognosis they all agree that it is one of the most fatal diseases of childhood, and I claim if not properly and promptly treated, will prove to be fatal. The majority of cases that have come under my observation have died, from the fact that the parents treated it lightly, thinking their child to be suffering from only a severe cold, then trusting in their own ability of restoring it to health. In such cases, where a physician is called he finds the vitality of the patient insufficient to hold the little sufferer until the membrane can be detached; the result is death. On the other hand, I have my first case to lose when I began the treatment in the early stage of the disease.

In my opinion, the lack of oxygen is the cause of the rapid failure of vitality, which is caused by the contraction of the intrinsic muscles of the larynx; for it is a fact that in the majority of cases the membrane is not of sufficient thickness to account for the arrest of the respiratory functions. I will not go into histology and pathology, which can be more quickly learned by the study of books, but base my essay upon practical experience in the treatment of this malady.

* Read before the Tennessee Eclectic Medical Society, June, 1901.

In the treatment of pseudo-membranous croup we have one main object in view, removal of the membrane, yet we have four important conditions to consider; and that the treatment may be successful we must study them separately, and apply or use means to correct the present pathological wrongs of each condition. First, to produce relaxation of the intrinsic muscles of the larynx, thereby giving freedom to respiration; for no treatment will be successful unless this desired relaxation is brought about. Second, to lessen inflammatory action, that we may obtain a free secretion of mucus; for in the arrest of the mucous secretion the child cannot recover. Third, to effect the detachment of the false membrane, which cannot be done without mucous secretion. Fourth, the removal of the false membrane.

To correct the first condition, there is nothing better than the internal administration of tinct. lobelia short of nausea, and the external application of comp. stillingia liniment, with flannel cloths wrung out of hot water. The hot cloths should be kept to the throat constantly, consequently we should have two in use; when one is removed the other is immediately applied. This forms a very important part of the successful treatment, and should not be neglected, not even for a few minutes. It matters not what the treatment may be, I wish to impress you with the fact that it will not be successful unless we keep up the relaxation of larynx to permit aeration of the blood, that in the course of time we may produce detachment of the false membrane.

The correcting of the second condition is greatly aided by the accomplishment of the first, inasmuch as the contractions of intrinsic muscles increase the inflammatory action. I here use tinc. echinacea in five drop doses, combined with the indicated sedative, for its marked influence upon the circulation and sudorific glands, and also its peculiar but certain action in producing detachment of the false membrane. For this condition there is no internal remedy that I rely upon as much as echinacea. Veratrum is most usually indicated, which is shown by the full and bounding pulse, and should be combined with echinacea and lobelia in the following proportion:

R—Echinacea ʒiij, veratrum gtt. x, lobelia gtt. v, water ʒiv. M.

Of this give one teaspoonful every twenty minutes until it produces marked influence upon the pulse, and then less often to keep up its effect.

Now at this stage we must commence the inhalation of hot water and vinegar or acetic acid; say, take of good apple vinegar ʒviiij, water three quarts, combined; bring to a boiling point and allow the steam to rise in abundance, coming in contact with the child that it may be inhaled. This should be continued until the mucous secretion is established, which usually is not more than two or three hours.

Now after having the first two conditions under reasonable control, the mucous secretion being established, then give the following combination:

R—Chlor. pot., tr. collin., oil anise, *aa.* ʒss; oil stillingia, ʒij; spts. turpentine, ʒj; tr. lobelia, gtt. xxx; glycerine, q. s. ʒiv. Mixed by heat. Of this give one teaspoonful sufficiently often to produce nausea, but short of vomiting. I would beg pardon for having so many remedies in this combination, but after an unusual amount of experience in the treatment of this disease, I have found nothing that answers my purpose as well as this.

Now, for the third condition I use nothing internally save what has just been named, the chlorate potash mixture and echinacea. Echinacea should not only be given now, but from the beginning until the membrane is thoroughly detached. Remember the fact that bathing the throat with comp. stillingia liniment and applications of hot flannel cloths should be continued from first to last. I now change the inhalation, or I should say, I change the inhalation just as soon as I get a free secretion of mucus, with evidence to show that it will be permanent. Take unslaked lime one pound, water three quarts, mix, to be used by inhalation, the same as the acid and water. You must bear in mind the fact that the lime water must not be used until the mucous secretion is established, for my experience has shown me that it has a quite inactive effect upon a dry mucous membrane. The steam spray is the better way of using the inhalation, but I as many others had not such conveniences at hand, and looked about for a substitute. The ordinary stove teakettle, with rubber tube fitted over the spout, is the most satisfactory way I have ever used it. You will always find one at every house. If you have not the rubber tube, you can make a tube of paper that answers the purpose quite well. See that the child inhales the steam in abundance for at least thirty minutes, and then discontinue for a few minutes, repeating the process until the membrane is detached. In a few cases I have continued this inhalation for three days and nights as above stated before the membrane became detached. You can note the detachment by a flapping sound in the child's coughing, and even sometimes in the breathing.

We now have reached a point where the membrane is detached, and usually the child at this time is resting well, and the membrane will be expelled in small pieces or shreds, by the effort of coughing. I have in a few cases rested at this point, and allowed the membrane to be so expelled, but I do not like the idea any more, as I have more than once had a return of the disease. This I can not account for, unless the entire membrane was not expelled, a small portion remaining to give trouble the next time the child contracted cold. So now, when I reach a point where I can detect that the membrane is drawn upward in expiration and downward in inspiration, I employ remedies to produce prompt and thorough emesis, giving the chlorate potash mixture, with additional portion of lobelia. The effort of vomiting will expel the membrane. Here you must be constantly by the child prepared for emergency, as the membrane when detached is liable to block the larynx and produce asphyxia, which would result in death

quickly. Should such occur, turn the child's face downward, and thrust your finger down deeply into the larynx; this will produce a forcible effort at vomiting, which will expel the membrane.

I have not spoken of all the remedies that may be indicated in the treatment of membranous croup; for in this, as in all diseases, we are to look for the present pathological wrongs, and give the correct indicated remedy, thereby meeting complications as they arise; and if by one of the remedies given we strengthen the action of another correctly selected remedy, we give the little sufferer an additional chance of recovery. All things that are liable to produce excitement should be removed, and the child be as passive as possible. The child should not be nursed on the lap of mother or nurse, but lie comfortably on a bed or couch. Ofttimes I have seen the child suffering and breathing with difficulty, lying on the mother's lap, and her hand or arm resting thoughtlessly upon its chest. This should never be allowed.

The habit of giving calomel or other saline in membranous croup, as many do, should never be done, for in this disease it is quite essential to sustain and hold up the vitality as much as possible. Of course if there should be indications of morbid accumulation, then some mild saline should be given. Quite frequently we find a pallid tongue, with small spots of red seated beneath the pallor; here we should give *phytolacca* combined with other indicated remedies—sedatives. If the pulse should be small and frequent, then give *aconite*. Bear in mind that some children are very susceptible to *aconite* even in a very small dose, and after beginning the administration of it, should the lips become dry and contracted, the child grasping at the mouth with the hand, you should stop the use of it at once, and give *veratrum*. I have seen these symptoms produced by doses of three drops to four ounces of water, teaspoonful given from thirty to sixty minutes apart.

Occasionally we find capillary stasis; here we should give *bella-donna*. But most usually we find the opposite condition, shown by flushed face, active capillary circulation; here we should give *gelsemium*.

Unfortunately I had a case of membranous croup in my own family, thereby giving me an unusual amount of experience in the treatment, the child, a boy, having had fifty-two attacks before the membrane was expelled. This was the most severe case I ever saw, and I am sure had it not been for the prompt treatment in each attack, it would have proved fatal. At the age of five months the child had a very severe attack of diphtheria, which will be well remembered by some three or four physicians present. The membrane not only occupied a space in the larynx, but completely filled the nasal cavity. In the convalescence the membrane was expelled in shreds, and I am of the opinion that a portion was left in the larynx. This is one of the secondary cases spoken of.

At the age of about one year the little fellow had an attack of croup; his condition being so very critical, I sent for consultation. The treatment was comp. stillingia liniment internally and externally, applications to the throat of flannel cloths wrung out of hot water, inhalation of hot water and vinegar, and the indicated sedative. The temperature would usually reach 105° with only slight variation until the mucous secretion was established, then it would gradually pass away, being from eight to fourteen days recovering. I diagnosed the first attack as membranous croup, but was disagreed with by the physician called in. Not more than two weeks passed before he had another attack, the condition being the same, the treatment and result the same as before. Covering a period of two and a half years, he had fifty-two attacks of this croup, the condition being the same each time.

After having several physicians in consultation, they all disagreeing with me, claiming that if it was membranous croup, he would have died long ago, it being impossible for him to have survived so many attacks. So in the convalescence of the fifty-first attack I resolved to make an effort to detach and remove the membrane, should he be afflicted again, which was only a matter of time, the attack being the same as the preceding ones. I used the same treatment to produce relaxation of the intrinsic muscles and establish mucous secretion, with the addition of tinc. echinacea in not less than ten drop doses every hour. The treatment was then pursued as above stated, using the lime water inhalation, and giving the chlorate potash mixture; the result being the detachment of membrane, and also the same expelled by producing thorough emesis. The result was most gratifying, as the child has never had another attack, and at this time is enjoying the youthful happiness of health. I have the membrane in my possession, which I will produce for inspection, it being a very fine specimen.

VARICELLA—Chicken Pox.

By E. H. Moore, M. D., Rew City, Pa.

THIS is an acute infectious disease, characterized by a vesicular eruption, usually affecting children under ten years of age.

Symptoms.—After an incubation of ten or fifteen days, the child will experience a slight chill, followed by a temperature of about 101° . There is a corresponding increase in the circulation and more or less disturbance of the nervous system, which in some cases may amount to delirium, or even to convulsions. These symptoms may, however, be so slight as to escape notice until the rashness makes its appearance, which will occur within twenty-four hours from the beginning of the fever. The rash consists of discrete, slightly elevated, rose-colored spots, from $\frac{1}{8}$ to $\frac{1}{4}$ of an inch in diameter, the intervening skin surface being normal in appearance. Within a few hours after the appearance of these macules a small vesicle will form on the sum-

mit of each. The vesicles are somewhat pointed on the top, an occasional one may be umbilicated. These dry up in five or six days from their first appearance, leaving little yellow or brown crusts in their place. The rash may appear in successive crops, or come out unevenly, covering several days time. In this case, all stages may be seen at one examination. It makes its first appearance on the chest and abdomen, and is most profuse on parts covered with clothing and on the scalp; the hands and face being very little affected. The amount of eruption varies greatly, sometimes being only a few spots and at others covering almost the whole body. During the first day or two of the attack there will be some disturbance of the digestive tract and sometimes vomiting. The eruption of varicella often affects the mouth and throat and sometimes the larynx. Hemorrhage may occur from the mucous membranes. Owing to the attendant pruritus, children are apt to rupture the vesicles by scratching, causing ulceration, which will be followed by scars, or pitting. As the vesicles dry up, if there are no complications, all symptoms rapidly disappear.

Etiology.—Varicella may be epidemic or sporadic. It almost invariably appears in districts where small-pox exists, although there is no known relation of the two diseases. Chicken-pox is very frequently diagnosed as small-pox. I attended a man 35 years of age, a short time ago, that had every symptom of small-pox, even to the rash breaking out first on the face and wrists, which it almost covered. The character of the rash alone saved me from making a wrong diagnosis.

Pathology.—The rose-colored spots are due to local capillary congestion, which is followed in a few hours by an exudation of serum between the layers of the epidermis, forming the vesicles.

Diagnosis.—The early diagnosis of chicken-pox is very important on account of its close resemblance to small-pox. In the latter, all symptoms are more severe and the eruption appears first as papules, which feel like small shot under the skin. In three days these papules are transformed into vesicles and about five days later become pustular; the vesicles are almost invariably umbilicated, and much deeper seated. The eruption makes its first appearance on the face and wrists, while chicken-pox appears first on the scalp, or parts covered by clothing. Measles, the only other disease with which varicella may be confounded, never develops vesicles, nor pustules, is grouped in threes or fives, is irregular or crescent shape, and where the rash is the thickest, looks streaked, as if scratched by the finger-nails.

Prognosis.—The prognosis is favorable, but death may occur from nephritis or other complications, due to lack of care, or too early exposure to cold.

Treatment.—This is ordinarily quite a mild disease and a large proportion of the cases do not come under the notice of a physician, and even when they do, it is more to obtain a diagnosis than to treat the disease.

The treatment consists principally in keeping the patient warm and comfortable. When there is much "breaking out" on the face, with pruritus, soothing lotions should be employed to prevent the child from scratching it, as "pitting" will follow the rupture of the vesicles. For this purpose most any of the sodium compounds will answer; bicarbonate being used more frequently on account of its being found in nearly every house.

Internally, select the proper sedative and add any other strongly indicated remedy, which will probably be specific rhus, gelsemium, or belladonna. The condition of the digestive tract and the kidneys should be noticed and given such attention as they may require.

TYPHOID FEVER.

By A. G. Mountz, M. D., Chauncey, Ills.

YOUR reprint in the July number of the Journal, from the transactions of the National Eclectic Medical Association, by the pen of Dr. Geo. Faber, on the part of the busy practitioner especially, would seem to demand thoughtful consideration.

It is a well known fact that the differentiation in diseases, has been the *bete noir* of the medical profession, especially the younger members, and in proportion as our skill in diagnosis becomes more proficient, so is our success in treating disease rationally measured accordingly. We might possibly say in answer to this, that as Eclectics we have nothing to do with the name of any disease, but that certain pathological indications demand the administration of certain specific remedies regardless of the name.

This is all true enough as far as it goes, and without a doubt, is the only rational method of treating disease, but we always think of the fellow that was twitted on account of his poverty, who replied that it was no disgrace but devilish unhandy to be poor, so while it is strictly essential that in every disease we have a rational therapeutics it would be very unhandy indeed, if we did not have a rational name as well, since the physician should bear in mind the public with whom he has to deal is rather censorious in its opinions and apt sometimes to deal unjustly with a doctor who is too conservative. Rashness and a premature opinion, the bane of many a doctor, should always be avoided, I have seen some physicians of very mediocre talent gain some pre-eminence amongst their patrons by a wise shake of the head and a masterful silence.

To the end of greater precision then in our diagnosis we practice a method of rigid exclusion, allowing sufficient time for any mooted point to be settled, because we are well apprised of the fact that there is no disease in nosology that assumes more protean forms than typhoid or enteric fever.

Hare has well said (see complications and sequelæ of typhoid fever) that the disease assumes many aberrant forms no doubt influenced by

the temperament, climatic and other conditions, so that it is far better for the prudent and careful physician in many of these cases to hold his diagnosis in abeyance for a season, pursuing a tentative as it were course of treatment, until such time as he becomes convinced of the nature of the disease.

It is not to be taken, however, that the physician is to wait supinely with folded arms for the development of any disease, since the careful doctor will find many indications that can be met promptly, with a distinct advantage to any settled plan of treatment that may be adopted in the future.

In the light of bacteriology it would seem that every disease must have a distinct entity, and typhoid fever is pre-eminently no exception to the rule, and whether the bacillus of Eberth and its toxins, or not, is the potent factor in producing the more or less profound blood dyscrasia. We believe the disease will run a certain well defined course though the virulency of the disease is frequently modified by certain extrinsic and intrinsic causes; the office of the physician being solely to conserve the vital forces and assist all the antagonizing influences of the disease. To the extent then of our present knowledge it would be just as rational for us to contend that small-pox, scarlet fever or measles, can be aborted as to contend that enteric fever can be aborted, as claimed by the advocates of Woodbridge's method of treatment. I have used this method of treatment time and again, and have never been able to obtain what Woodbridge has claimed. In certain types of malarial fever, however, I have been able to obtain some benefit from the treatment simply as a preparatory course prior to antiperiodic measures.

The older members of the profession are well apprised of the fact that better drainage, improved hygienic surroundings, and greater knowledge and care of the sick on the part of the laity, has undoubtedly changed the clinical picture of many diseases, even to the extent of the disappearance of some. Many physicians will bear me out in the statement that it is a rare thing now-a-days in some localities to meet with the estivo-autumnal type of malaria—the so-called bilious fever. It was truly distressing in these cases to see the intense headache, the profound degree of retching, nausea and vomiting, and the persistency of these symptoms would some times tax the skill of the oldest.

Even the intermittent type of malaria that is still so prevalent in many portions of the country seldom presents similar features of the disease our fathers had thirty or forty years ago—chills, if you please that were real soul-stirring, and almost shook the very marrow in the bones.

Bearing all these facts in remembrance, then, it need not surprise us, if we frequently fail to find the classical symptoms laid down by many of the older authors, and some of the new, that were considered almost pathognomonic of typhoid, gurgling and tenderness in the right

iliac region, enlarged spleen, step-ladder ascent of the temperature, looseness of the bowels, etc. It is a well known fact that certain symptoms do not, if at all, appear until late in the disease, while others depend upon some indiscretion in diet or error in therapeutics.

Furthermore it is well to remember in this connection that we do no violence to our present knowledge of the causation of disease if we admit that it is just as possible for a specific process like typhoid to prevail in a mild or mitigated form without any very pronounced lesions, as it is for many other infective processes. It is usually in this class of cases that the young physician has been frequently deceived through some fanciful distinction in the symptom complex, of styling the disease by such meaningless terms as "continued fever," "slow fever," etc.

AND STILL THEY COME.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

I continue to get letters from "the boys" wanting to know more about those two conditions of which I hurriedly wrote for the Journal last year.

Some want to know if the dyspeptic pills are intended for *all diseases of the stomach*. No. They would be a most remarkable medicine if they would cure a tenth of the diseases of which the stomach may be afflicted. But they are a remedy for nearly all wrongs that are associated with a contracted tongue, contracted features, etc., but in many such cases they are only a part of a successful treatment.

If the contracted tongue is pointed and there is tenderness of the epigastrium, we will have to assist the pills with counter-irritation over the epigastrium—a surface about four by five inches, running obliquely so as to cover the stomach and part of the liver. If it is an acute gastritis, this should be relieved to some extent, then the pills will take care of the chronic form. Should there be irritation of the spine, apply counter-irritants to the spine; croton oil, iodine, etc., work well, but in some cases of old tough skin fellows, this must be preceded by blister or other stronger vesicants, as the liniment may spend its force without causing the proper counter-irritation. We may often find the patient suffering from the "alovers" as they term it. He has lost all energy—no appetite, and every thing he eats or takes, makes him worse—he is weak and despondent. His tongue is not only contracted, but red. This is a case that has been feasting on good things, but it happens to be all strongly impregnated with salt and other alkaloids; the pills can't cure such cases, but they pave the way for the kindly action of the right remedy—muriatic acid—and a change of diet to vegetables, milk, etc.

There is still another case of contracted tongue, in which the pills are only a part of the remedies—a pointed contracted tongue with a red tip or rather stripe across the end; rhus tox is the remedy needed.

There are other cases with contracted tongue which must be relieved before the pills are given or they will add to the ailment; a common one of this class is irritation of the urinary bladder. It will make no difference what other wrongs there may be, none can be treated while there is an acute irritation of the bladder, if any stimulants are used, without increasing the irritation. Men who can eat onions, and foods of green pepper when well, can not take any stimulants without aggravating the vesical trouble, therefore, the pills are not suitable—not curative, but the remedy above all others is: R—Pichi, $\bar{3}$ ss; simple syrup, q. s. ad. $\bar{3}$ iv. M. Take a teaspoonful every two hours until the urine can be retained several hours, then take it less often. I am thus particular about pichi, because some of my brother physicians seem to not know much about it, and write to know if it is tar; and some want to know of whom it can be procured. Pichi is from the Fabiana Linbricata. Order the fluid extract or specific tincture of the Lloyds; give it in the proportion I have advised with syrup (it won't mix with water and alcohol is too stimulating;) put your patient on light diet, and he will soon be well. In some few cases I have been compelled to use by enema about ten drops of laudanum in a half tea-cup of starch water, every four hours, and have a hot dinner plate placed over the region of the bladder.

Too much salty diet or too much acid, and sometimes it is a constant diet of molasses that causes the bladder irritation and of course the cause must be looked after and omitted.

In my next, I will answer those who want to know how the two conditions work in pneumonia, dysentery and other diseases.

LITHECTASY.

By P. F. Price, M. D., Milo, Iowa.

MRS. A. a widow of about 45 years, mother of 10 children, came into my office last fall, for treatment. After a careful questioning for examination I diagnosed hers to be a case of lithemia. She gave a history of the trouble for twelve years, been treated by several physicians, before locating here. She was very much emaciated, loss of appetite, backache, headache, loss of memory and energy, constipated, pains in stomach and region of liver, and the most distressing symptom of all was, such a tenesmus and burning in urinating. I examined a specimen of her urine; found blood pus, and albumen, with upon standing a very heavy deposit of uric acid or brick dust sediment. I told her what her trouble was and that I believed, from the history, that there might be a vesicle calculus or calculi, or stone in the bladder.

I put her on the following treatment: R—Caffeine, $\bar{3}$ j; lithia carb, $\bar{5}$ j; sodii bicarb, $\bar{3}$ x; potassii bicarb, $\bar{3}$ x. M. Gave 20 to 30 grains 3 times a day in warm water, before meals, also hydrangea, $\bar{3}$ ss;

lycopus, 3 j; apis, gr. x; elixir q.s. $\bar{3}$ iv; M. Sig. a teaspoonful to be taken every 2 hours.

To overcome the constipation and pain in region of liver, gave small doses of podophyllin, two to three times a day as needed. She kept up this medication for several months with much improvement. I would examine the urine once a week, or every 2 weeks, and found improvement in that direction. I continued treatment with frequent variations in medication, during the winter. She improved considerably until early spring—caught cold and all the symptoms became very much worse. All the urine she passed for three months contained, blood, pus, a little albumen, and lithuresis was present the whole time. Her condition grew worse, and it was apparent that something else had to be done, as she had to resort to using the catheter to void the urine.

Some time in July she came to my office, looking so emaciated, and dejected, her case was a pitiable one. I asked to let me introduce a sound and see if I could strike a gravel, as I firmly believed it to be there, she consented and a few days afterwards went to her house, and made the proper investigation.

I had a Weiss' Sound. After thoroughly sterilizing, placed her in position on the couch, and tried to introduce the sound, but the urethra being so swollen and irritated, I could not without an anesthetic.

So I took a small uterine sound, and after cleaning introduced it very easily, and could plainly feel the sensation of a click when the sound struck or touched the stone, and I diagnosed it to be very large. I told her the only thing to be done was to remove it with instruments through the urethra—lithectasis—or a suprapubic operation. She consented for me to try the first named operation, and if I failed she would let it go.

On the 31st day of July, with an assistant, I removed the gravel. Dr. Clyde Smith, of Florence, Neb., was here on a visit, and he assisted me. She was placed on a hard couch in the lithotomy position, and was thoroughly anesthetized. After thoroughly cleansing instruments and myself, I introduced a uterine dilator and dilated the urethra about one inch. I could not introduce the lithotomy forceps. I cleaned a straight heavy uterine dressing forceps, turning them over, taking both hands and dilating, at the same time

dropping the forceps jaws down over the lithate, and grasping it, making gentle pulling, soon convinced me that I had a job on hand. I began pulling, sweeping my hands from side to side, and pulling gently and hard at the same time. This took nearly an hour, but



finally, removed the lithate, and as it passed the meatus, lacerated it about one-half inch upwards, I closed the rent with two sutures.

The lithate measured three inches in circumference, and weighs 139 grains, and was nearly round in every meridian, and as smooth as if it had been sandpapered. I then took a smooth curette and cleansed the bladder of pus, necrosed tissue, and small particles of sand. I washed the bladder with a boracic solution thoroughly. In a few days she was up. I am still keeping her on the alkalithia treatment, which keeps the urine alkaline or neutral, and also removes the excess of uric acid.

The cut shows stone in the grasp of the forceps when removed

NEW THERAPEUTIC SUGGESTIONS.

From National Association.

[Excerpts from Papers published in the Transactions of this Year.]

IN an article on Pulsatilla, Dr. Wm. F. Curryer, of Indianapolis, in comparing this remedy with nux vomica, says the indications for pulsatilla are found most often in women, while those for nux vomica are found most often in men.

Pulsatilla, he says, is indicated where the disposition of the patient is mild and gentle; where she is easily discouraged; where she cries from every little cause; cannot talk about her symptoms without crying. People with sandy hair, blue eyes, inclined to submissiveness and silent grief, are the cases that pulsatilla cures most readily.

It is also indicated where the symptoms are changing, where the pains wander and shift from one part to another, with some swelling and redness of the joints. This is found in some form of acute rheumatism.

In faults of digestion, where there is a bad taste in the mouth in the morning; where the mouth is dry but yet there is no thirst. He calls especial attention to this last indication.

In diseases of the reproductive organs it is a positive remedy where there is tardy or scanty menstruation, or in suppression after catching cold. In dysmenorrhea with nervous restlessness and tossing, the flow irregularly coming and going, it is valuable. He believes pulsatilla prevents tuberculosis from exposure and cold. It should be given in small doses. With any of these symptoms which are relieved by cold air, or with cold applications, or soothed by iced drinks, Pulsatilla will work nicely.

In diseases following measles; in the metastasis of mumps to the breast or testicles; in cystitis, this remedy is valuable. Periodical headaches, where relief may be obtained by cold or pressure; in all symptoms where the condition is relieved by cold as above stated.

RED ONION is the title of an article by Dr. Mundy, of Forest, Ohio. Articles by Dr. Homshur and Dr. Bloyer, suggested to Dr. Mundy

the action of this remedy and he tried it faithfully in several cases of cystitis.

The first patient was troubled with frequent urination, intense pain, especially following the flow of urine; blood passed frequently with the urine. The dose or the manner of administration the author does not give, but says that relief followed within twenty-four hours.

In another case, cystitis had existed for eight years without benefit. The sphincters had been stretched and rectal work done to relieve probable reflex irritability. This patient was put on full doses of red onion and was entirely cured. For nervousness and insomnia she had specific pulsatilla and passiflora.

The third case was an attack of acute cystitis in a child. This had red onion only with immediate relief and quick cure. Several other cases treated with this remedy has confirmed the opinion of the writer in the fact that this remedy is the most certain we have in the cure of cystitis.

CONIUM MACULATUM has been observed in its action by Dr. Lee Strouse of Covington, Ky. In a case of paralysis from injury he gave the man a mixture which contained twenty drops each of conium and nuxvomica in a four ounce mixture. The quantities of the remedies were increased ultimately to a dram of each; a teaspoonful was given of the mixture four times a day. The patient increased in strength; the paralysis improved rapidly; nocturnal pains which were very annoying ceased and the improvement was very satisfactory.

Another patient, a brakeman, was severely injured by falling from a freight car. After two years he could barely crawl along with two canes. He gave him the above treatment and improvement has been very marked. He believes that although nux and conium are described as incompatible, in these two cases each exercised a very beneficial influence.

He believes that persistent dull aching pains are relieved by conium when patients are despondent and believe they have some serious ailment. Twenty drops to four ounces of water, a teaspoonful every two hours will give very noticeable relief quickly.

In aged patients who suffer from gouty or rheumatic conditions, with ever present pain or discomfort, conium gives great relief.

In constitutional syphilis, the pains and persistent aching are relieved by this remedy. In cancer of the stomach with distress he believes the agent checks the progress of the disease. It is of benefit in other cases in the treatment of rheumatism.

He sums up its indications as those of atrophy, inactivity of the nerves, mild paralytic conditions, the tongue being broad and covered with a yellowish coat. He believes it to be a stimulant to nerve action in these atonic cases, increasing the appetite and improving digestion and assimilation. To produce sleep he combines it with hyoscyamus; the two working most happily together, if given in small and frequently repeated doses.

Dr. Vincent of Valparaiso, Ind., has great faith in CAPSICUM. He says its range of usefulness is very wide. He believes wherever there is vaso-motor nervous depression, capsicum is the remedy. He says it is like adding kindling to a poor fire. He gives it in acute cases as well as chronic. In protracted fevers where there is much depression and deficient secretion with dry tongue and dark mucous membranes, he says, "capsicum properly given, will increase secretion and change the entire pathological symptoms quicker than any other one remedy."

He also speaks favorably concerning the action of SVAPNIA to replace opium. He gives it in all cases where he desires the anodyne and soothing effect of opium without its irritating effect. In all conditions of the stomach or bowels where opium would seem to be indicated he greatly prefers Svapnia.

BOLDO in inflammation of the gall bladder is a very interesting article, by Dr. George W. Holmes of Sharpes, Fla. The agent is comparatively unknown. He says it has a most specific action upon the liver and kidneys; an ideal agent in jaundice; it relieves all conditions caused by the retention of bile in the general circulation.

It favors the resumption of the normal functional activity of the liver, but does not irritate the bowels, like most liver remedies. It essentially aids the kidneys in their elimination of solid material.

The first case upon which he tried it was a case of jaundice, where there was pain and tenderness on pressure over the right hypochondriac region; urine was scanty, dark colored, almost of coffee-ground color; The pain extended into the epigastric region. Temperature was but slightly influenced—less than 100. Tongue heavily coated, except at tip and edges, where it was reddish. Pulse was between 90 and 100. Bowels had been moved by domestic remedies. Patient was sleepy, except when pain aroused him.

In this case he failed with all our well-known liver remedies. The temperature would occasionally go up to 105 degrees. The pulse was 130 and the patient was reduced to a skeleton. He gave boldo in sixty drop doses every four hours. The results were almost miraculous. This single case made him a convert to the action of the drug and he has given it in many other cases. In one case of chronic alcoholic-gastro-duodenitis, with jaundice, he got excellent results from the use of this remedy.

In another case, an old lady, sixty years of age, the jaundice was pronounced. She was emaciated; there was great gastro intestinal irritation, with vomiting and diarrhoea; the temperature was 101, pulse 120; the urine was dark and scanty; there was constant severe pain in the right hypochondrium, with great enlargement of the liver. He prescribed the usual remedies without benefit. One month's treatment with boldo alone cured the case.

On the action of PILOCARPINE, Dr. Kinnett, of Yorkville, Ill., has some excellent things to say. He describes its specific indications as fol-

lows: In acute cases, where there is dry, hot skin, dry and parched mouth, full and strong pulse, the patient restless and uneasy with deficient action of the kidneys. When these conditions are absent, or the opposite of these conditions are present, he claims the agent should not be given.

With these indications it is a superb remedy in acute articular rheumatism. He believes nothing is equal to it. In cases of uræmic poisoning with these symptoms, the remedy is the "sheet anchor." It is an immediate and rapid agent in restoring excretion and secretion and acts as an anti-spasmodic at the same time.

He administered it hypodermically to a boy, on the border of convulsions; face flushed, eyes rolled upward, fists clinched, pulse full and bounding, muscles of the entire body rigid, stomach greatly overloaded and distended with rich food which he had just eaten. The result of a hypodermic injection caused immediate relaxation, extreme prostration and ptialism, free vomiting and very free movement from the bowels and kidneys within a few minutes. This profound result seemed to be accomplished easily and without violence, and the results were perfect.

Another case with the same symptoms, on the verge of convulsions, was given one-eighth of a grain hypodermically; all the excretory functions were stimulated and a large quantity of undigested food was vomited.

A case of a man is cited where there was a temperature of 107 degrees, pulse 140, malarial symptoms marked, no bowel movements for three days, nor urine for eighteen hours; tongue dry, skin dry; one-half of a grain of pilocarpine hypodermically was given; every secretion was influenced. The vomiting and bowel movements were very free and the action from the skin was extreme.

With close attention to the indications named above, described in these cases, pilocarpine judiciously given, will produce immediately satisfactory results.

On concerning the action of *CRATAEGUS OXYACANTHA*, Dr. Foltz, of Perry, Ia., confirms the good accounts of the remedy given by other doctors and describes the agent as especially indicated where there is persistent pain about the heart. She advises smaller rather than larger doses.

CHELIDONIUM MAJUS. Dr. E. A. Wolf, of Dennison, O., gives the usual specific indications: Full, pale, sallow tongue and mucous membranes; skin pale and sallow, inclining to a yellowish or a yellowish green tint; sluggish action of the liver with jaundice; cough from hepatic pain; fullness in the right hypochondrium with throbbing pain and pain extending to the right shoulder; despondency, melancholy, headache and disordered stomach. With these symptoms he has given the agent with excellent results.

In one case of bilious colic with these symptoms, the patient was cured in four months. In one case of bilious colic, where there was diabetes insipidus, all the symptoms were cured with this remedy, with the addition, however, of *nux vomica* and *podophyllum* after a short time.

He gives the agent in stomach troubles where there is fermentation; in flatulent dyspepsia with much gas; in pyrosis.

He gives the following condition as immediately relieved with *chelonium*: Stomatitis in children where the mouth and tongue are covered with a heavy, dry, cheesy coating, followed by an existing sensitiveness and ulceration. He says the agent can be applied to cancers, removal of warts, indolent ulcers, to fungoid growths, and to opacities of the cornea.

Dr. Deming of Dardanell, Ark., uses *ECHAFOLTA* in the treatment of recent burns, applying *echafolta* and olive oil. In ulcerative stomatitis he gets good results from *echafolta*. He believes that *echafolta* locally applied and taken internally at the same time is one of our best remedies for nasal catarrh.

Dr. Vincent A. Baker, of Adrian, Mich., compares in a very excellent article, the action of *NUX VOMICA* and *IGNATIA AMARA*. The doctor cautions against the use of too large doses of *nux vomica*, and against continuing its use too long. He believes this to be very common practice. He believes the smaller dose produces more satisfactory results than the larger dose. He especially advises this agent in heart weakness, and in vertigo of the aged, also in those cases where from lack of tone, the digestion is impaired, where with weakness there is severe backache. *Ignatia amara* he gives in the same cases where there is tendency to mental disorder with suffocative hysterical symptoms. He also gives *ignatia* where there is suffocative asthma, spasmodic in character; where there is *globus hystericus*, nervous headache, insomnia, in feeble women. It is especially at the beginning of the menses and at the menopause that he finds this remedy indicated. All nervous symptoms accompanied with weakness and general inappetence; where the patient considers her condition serious and her chances of recovery very slight, he adds twenty drops of specific *amara* to four ounces of water and gives a teaspoonful every one to four hours.

Dr. A. P. Hauss of New Albany, Ind., considers *CHIONANTHUS* one of our most valuable remedies in diabetes. He has given the remedy for twenty-one years in a large practice in doses of from ten to fifteen drops, four times a day, and he says that he has never treated a case that has not yielded.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

LITHIASIS OR CALCAREOUS DEPOSITS IN THE CONJUNCTIVA.

Calcareous deposits near the edge of the lids are not uncommon, and are generally of small size, but occasionally one of unusual proportions may be found.

H. P., age 45, laborer. "Tumor has been growing in the upper lid of the left eye for some time, and scratches a good deal." Examination revealed a very hard nodule near the upper border of the tarsus. The skin was freely movable over the growth. Eversion of the lid showed a whitish point, indicating the location of the growth. On cutting down onto the body with a scalpel the resistance was considerable, and an examination of the point of the knife showed it was dulled. A rather extensive crucial incision was then made, and the mass lifted out of its bed.

The object was examined and found to be calcareous in its composition, the surfaces very rough, and the shape oblong, measuring 3 mm. in length, and 2 mm. in width.

THE SPITTING NUISANCE.

The agitation at present, in the medical journals and newspapers, on the spitting nuisance, especially by consumptives in public places, is widespread; but aside from the possible, I do not say probable, danger of this habit, is the filthiness of it. A walk along any of the frequented streets will reveal spots of moisture on the sidewalk as numerous as fleas on the average dog. In the corridors of public buildings, in the street cars, and in halls, the same spectacle can be observed. In many places receptacles are placed for the benefit of the spitter; but he is very much like the man when on a visit to a friend who had made money in oil. The host placed a very fancy cuspidor at his friend's side so that he would not spit on the carpet. The man pushed it away, saying that "if he was not careful he would be spitting in that fine dish sitting on the floor."

The amount of care often exercised in avoiding spitting anywhere excepting on the sidewalk, or some equally public place, should result in carrying the persons to the height of any position their wildest fancy could imagine.

Before the days of handkerchiefs, if persons had a severe cold, the sleeve of the coat was used as a "wipe," but at the present day this is seldom done in any kind of society. It is small wonder that a crusade is often waged against the spitting habit, but unfortunately it seldom results in anything but talk.

Persons having consumption, or a catarrhal condition where the secretion is profuse and purulent, should not swallow this discharge,

as the digestive functions would soon be disturbed, but it is nearly always an easy matter, if on the street, to step to the curb and expectorate in the gutter. The employment of gauze napkins which could be burned, would not prove expensive for those who are at times in doors, and have a hesitation about disfiguring the floor of the room in which they are, but as a rule the persons are not particularly fastidious in this respect, evidently believing that their power of forming a nice pool of moisture in their immediate vicinity shows expertness in the art of expectoration.

DACRYOCYSTITIS.

Last June, Dr. Martin, of Batesville, Ind., brought a case of this disease to the office which presented a peculiar history. The child, age 3, had had the trouble from the age of three weeks. At least such was the history given by the parents. The doctor who had the case in charge at the time said nothing could be done until the boy had "grown up." When the case finally came under Dr. Martin's care he recommended an immediate operation. The child was put under the influence of an anesthetic, and I slit the canaliculus. The sac was thoroughly irrigated with a warm solution of boric acid. Exploration of the sac was then made by means of a probe, and roughened bone of the extent of a silver quarter found; the entire sac seemingly being destroyed, and the pus had burrowed into the surrounding tissues.

Gave the doctor and parents directions for keeping the abscess as clean as possible with boric acid solution, and advised the internal administration of lime.

About two weeks ago the little boy was brought back to the office. The discharge had almost ceased; in fact, on washing the cavity the fluid came away clear. The tissues had healed, and there was no deformity of the lower lid, as had been expected. The general appearance of the boy had also very much improved.

A MENACE TO THE EYES.

The habit many persons have of carrying a closed umbrella with the ferrule pointing upward and backward is unsafe, not to the person carrying the umbrella, but to persons walking behind. A tall person walking along the street carrying an umbrella in this manner, and swinging the arm as is usually done, is or should be given a wide berth. Recently in walking three squares, I saw two children escape injury to their eyes by the slightest fraction of a chance. One had a mark running from the outer end of the eyebrow to the temple. This case was the result of the party with the umbrella stopping suddenly to look into a show window.

The second case was where the party was hailed, and in turning around struck her own child with the ferrule, the point striking the upper lid at the nasal side of the eye.

Fortunately neither of the children was injured, but I could not help wondering how it was that so few accidents occurred from this careless habit. Cases of serious injury to the eye from this cause are recorded, and the only possible excuse for carrying umbrellas in this way is carelessness. It is in fact as criminal as pointing the proverbial gun at a person, and when the accident has occurred saying, "I did not know it was loaded."

Warts on the Lid Margins.

These growths, when they have a broad base, are difficult of removal by operative measures, as cicatricial contraction may be sufficient to produce some distortion of the lid border. In these cases the use of electrolysis will remove the offending growth without unpleasant after results. The strength of the current should be light, not more than four cells as a rule, and the sitting short, as it is an easy matter to repeat if necessary. Used in this way the results are satisfactory, and there is no reaction noticed.

Local or Constitutional Treatment.

As a rule writers on diseases of the ear, nose, or throat, devote all their energies to local measures for effecting relief or cure of their patients. Systemic treatment, with the exception of syphilitic or scrofulous cases, as a rule is ignored. I do not believe that a chronic disease in any of these regions can be cured without the use of judicious internal medication. Local treatment alone is not depended upon for catarrhal conditions in any other organs of the body, and why an exception should be made of the ear, nose or throat, is incomprehensible. A study of remedies in these diseases should be interesting, and will form the basis for future articles.

DIAGNOSIS OF ADENOIDS IN INFANCY.

In most infantile affections it may be conservatively stated that the diagnosis is more difficult and uncertain than at any later period of life.

In a general way we can divide the diagnostic symptoms into objective and subjective. The objective symptoms are, peculiar facial expression, mouth breathing, snoring at night and noisy respiration during the day, vocal changes, abnormal and excessive nasal secretions, sneezing and reflex neuroses, chest deformities and spinal curvatures. The subjective symptoms are headaches, stuffy feeling in the nose, dryness of mouth and throat, especially in the mornings, and sore throat, impairment of the taste, inability to concentrate attention, with more or less stupidity and depression, earache, deafness, and tinnitus.

For expediency and clearness the age of three years and under will be taken as the period of infancy, and a further division will be made of those infants over six months, and those of six months and under. The reason for making this division is that in early life some affections exist which a few months later either change their character or entirely disappear. Special difficulties also surround our methods of diagnosis at this early period, as, owing to the position of the soft palate and the small diameters of the naso-pharynx, it is impossible to make either a digital or posterior rhinoscopic examination.

Two of our most important aids are, therefore, rendered unavailable, and it is surprising that so many have been willing to make a diagnosis of adenoids without more positive evidence. During a recent examination of four hundred and thirty-seven infants under three years of age, forty-five were found under seven months old who had some nasal obstruction, but in no child under three months was the obstruction due to lymphoid hypertrophy in the naso-pharynx. In fact, in my experience I have been unable to demonstrate to my satisfaction the presence of adenoids in so young an infant. Occasionally I have thought I had a case, but was disappointed to find that no appreciable amount of lymphoid tissue could be removed. Since I began to doubt the theory of congenital adenoids, I have employed an ear curette as a means of diagnosis in all suspected cases, with negative results.

The following conditions may cause respiratory obstruction simulating that caused by adenoids in the naso-pharynx of infants under six months:

1. Lymphatism and lithemia.
2. Syphilitic or gonorrheal rhinitis.
3. Congenital atelectasis.
4. Digestive disturbances.
5. Congenital highly arched palate.
6. Very small or occluded nostril or nasal passages.
7. Very small post nasal space with large Eustachian eminences.
8. Marked anterior projection of the bodies of the cervical vertebræ.
9. Some malformations of the soft palate.
10. Hypertrophy of the tongue.

Some of the conditions enumerated are rare, but all have occurred in my experience, and should be given consideration in every case where the cause of obstruction is not evident. This would prevent many mistakes, and lessen the disappointment experienced when operations have been performed for adenoids without giving the expected relief.—W. F. CHAPPELL, M. D., in *Laryngoscope*.

OPHTHALMIC DIAGNOSIS.

Of the means and appliances for aid in ophthalmic diagnosis I place first the ophthalmoscope. How many general practitioners own and use intelligently an up-to-date ophthalmoscope? There are some

who do, but as yet I think a vast majority do not. Is it because the instrument is expensive and hard to operate? I think not. A very good one can be bought for ten dollars, or even a little less, while the same time spent in learning the microscope, which we regard as quite a necessary appliance in general diagnosis, would so familiarize one with the uses of the ophthalmoscope as to enable him to make a diagnosis of intra-ocular disease quickly and most satisfactorily at a time when it is all important to do so, *i. e.*, early in the disease.

I recall more than one instance in my first year of general practice, when I sent cases away to a neighboring oculist to be fitted with glasses for failing eyesight, who returned with a diagnosis of intra-ocular disease, and a course of treatment laid down which should have been undertaken weeks before, in the interest of the patient. And other cases equally suggestive of serious intra ocular derangement were returned with glasses fitted for the correction of marked hyperopia, myopia, or astigmatism, or some combination of them, the alarming symptoms having all disappeared, and vision completely restored. I would not accuse any one unjustly, but I believe that without the intelligent use of the ophthalmoscope, such errors are made daily, and can not be avoided.—*Ok. Med. Jour.*

SYPHILITIC DISEASE OF THE LARYNX.

This affection, so far as I know, is never seen in its primary stage. The erythematous eruption which occurs on the patient's body as the earliest manifestation of the second stage, generally appears on mucous membranes of the pharynx, and to some extent upon the larynx as well. When it exists it will be generally discovered accidentally, from the appearance of the mouth or pharynx, and not from any laryngeal symptoms. Mucous patches are found in the larynx, mouth, and pharynx, where they occasion the formation of superficial ulcers which have the same appearance as those in the mouth, and have been so often described as to be familiar to all of us. Differentiating this condition from tubercular ulceration, it is well to remark that the ulcers are more regular, the interior of the larynx is more generally congested, the ulceration deeper, and not covered with secretion, as are the ulcers of the tubercular cases.

The formation of gummy tumors occurs in the larynx, and they are difficult to diagnose when they are small from the infiltrations of tuberculosis. Potassium iodide will always make the diagnosis sure.

The deep syphilitic ulceration is a formation which is quite frequently seen, and which must be carefully differentiated from tuberculosis. A few general remarks will guide us as to the difference in appearance of this ulceration from that of tuberculosis. The syphilitic ulcer is more apt to be unilateral, and has not usually a tendency to infect the other side when the two sides are in contact, as does the tubercular ulcer; for instance, when one cord is affected with a tuber-

cular ulcer on its edge, the other cord soon becomes infected through contact. The deep syphilitic ulcer is very apt to be accompanied by some thickening of the perichondrium and some inflammation of the cartilage as well. Necrosis of the deeper parts then, is apt to be the result of syphilitic ulceration, while this is rarely seen in the tuberculous condition. The syphilitic ulcer has an indurated edge which is very dark red in color; it is also not covered with a marked quantity of secretion.

Syphilitic ulcers of the larynx may be very extensive, occasionally involving the whole of the interior of the larynx, and extending directly over the pharynx. The presence of these in the pharynx is another difference between them and tubercular disease, where ulcers of the pharynx are not apt to be present. Stenosis is more apt to occur in syphilitic disease than in tubercular infection.

The treatment of laryngeal syphilis consists in the administration of the mercurials by the skin and intestinal tract, and rapidly increasing doses of potassium iodide until the case yields to treatment. The dose of potassium iodide is variable, sometimes 15 grains three times a day being sufficient to cause considerable improvement, but in some cases it is necessary to use enormously large doses. One case I have in mind did not yield until 250 grains a day were used. This case was not cured with a less dose than 400 grains a day.

It seems to be a matter of choice, as well as a matter of little importance, what remedies are used locally upon these specific ulcers, because they heal rapidly from internal treatment alone. Orthochlorophenol, trichloroacetic acid, and a solution of hydrargyrum nitrate, are the caustics which may be used in these cases. They must be used with caution, and in very small quantities, the surface of the ulcers being only lightly covered, and not used oftener than twice a week. Between these treatments the patient should be treated as in the condition of acute catarrhal laryngitis.—H. B. DOUGLASS, M. D., *before N. Y. Post Graduate Clinical Society.*

Mycosis Tonsillaris.

The name mycosis is derived from a Greek word signifying a fungus. This term conveys with it the nature of the disease. It is a fungoid growth, and may occur in other portions of the body, but the tonsils are its favorite location.

In the examination of the growth under the microscope, various bacilli are generally found, but the rod-like leptothrix is the only one constantly present, and therefore the disease is attributed to this as its origin. These bacilli, if treated with Lugol's solution of iodine, show the presence of starch. The growth may present itself in two distinct forms, either extending in small white projections from the tonsils, or in plaques of a yellowish color. The first form is the more common.

The two diseases with which mycosis might be confounded are tonsillitis and diphtheria. In mycosis, however, there is no inflamma-

tion of the tonsils as in tonsillitis, and it may be readily distinguished from diphtheria by the absence of constitutional symptoms, and by the microscope. There is no age or condition in life that renders one most liable to mycosis. The disease may occur at any time and under any conditions. It most frequently attacks the strong, healthy, and best nourished. It may exist for some time without discovery, as there are no symptoms accompanying it, with perhaps the exception of the throat sometimes feeling slightly stiff or flannelly, as it has been expressed to me.. Usually the discovery is accidental, the patient having contracted a cold, the throat being a little sore is examined, and the patient comes in great alarm, fearing some dangerous malady.

The disease seems to be nontransmissible, as a few enthusiasts have allowed themselves to be inoculated, and inoculation has also been tried on animals without any results.—F. D. LEWIS, M. D., in *Hom. Eye, Ear and Throat Jour.*

PERISCOPE.

THE DEGRADATION OF FOOD.

In an article bearing this title it is asserted in the *London Lancet*, August 10, that owing to almost universal substitution and adulteration, food substances in general have been steadily deteriorating during the past decade, and that this deterioration has a distinctly demoralizing effect on the human race. Says the writer:

"It will be noticed that by far the majority of cases of tampering with food relate to the substitution of a cheaper article, rather than to the addition of an injurious substance. The common defense is that modern conditions of life make substitution a necessity. It is difficult to see the logic of such a defense—at least in a number of instances. It is urged, for instance, that jam or marmalade can not be made without the addition of glucose, which prevents the preserve from crystalizing. Now, long before glucose was a household word, jam and marmalade were made, and very good they were too—consisting entirely of sugar and fruit. In the same way we are told that beer must be brewed from sugar, and that brewing exclusively from malt presents untold difficulties. Again, golden syrup which used formerly to be refined syrup of molasses, consists largely now of artificial sugar which is doubtless a more marketable product, but is not the same thing as cane sugar. Yet, again, we are told that the public demand a perfectly white loaf of bread, the truth in reality being that machinery has produced a roller flour which is an inferior thing to the now we suppose extinct stone milled flour. Instances of this sort could be multiplied.

"We could wish that all those keeping house would make up their minds seriously to return to the excellent custom of preparing many

articles of food for themselves at home. Who does not admit the charm of home-made bread, home-brewed beer, or home made jam, and simply because they are known to be made from an honest formula, which has stood the test of time and from good materials which yield a palatable product? Even in the country, good old-fashioned wheat flour, containing the entire nutritious portions of the berry, and possessing that delightful wheaten flavor now seldom if ever characteristic of bread, is difficult to obtain. The baker's loaf is, as a rule, a tasteless, insipid article, which requires a considerable appetite before the idea of eating it can be entertained. No wonder that the taste of bread is steadily diminishing, and undoubtedly less bread is consumed than used to be the case. As is well known, bread contains almost every element of food necessary for existence, but we should be sorry for the person who tried to subsist entirely upon the modern uninteresting loaf made from blanched roller mill flour. It has recently been stated that the degradation of the teeth so noticeable amongst us now is due to roller milling having largely supplanted stone milling. We should not be surprised.

"The degradation of food is a very serious matter, and is bound to lead sooner or later to the degradation of the eater. No movement could confer greater blessing upon the people than that which is aimed at bringing about a return to the older and more rational method of preparing food. Let us see more of the home-made article than we now see; let us return to more palatable food, and to food that will do more good than the machine-made stuffs and the endless series of substitutes. In all the schools throughout the land we would have the children taught the advantages of home-made food, and how that bread, fruit, jam, or even beer and cider, can be made at home. It would encourage a spirit of industry, it would give us palatable and nourishing articles to eat or drink, and might have a very wholesome effect upon those who seem deliberately to attenuate food as much as possible, or who pay no regard to its naturally endowed palatability."

—*Literary Digest*, Sept. 1901.

VERTIGO AND ODORS.

The extremely interesting matter of the influence of odors upon the physical condition of the human body has been studied by Dr. Joal, of Mont-Dore, France, in a number of memoirs, which have been freely abstracted in the pages of *The Medical Bulletin*. The latest communication which we have seen was published in a recent number of the admirable journal published by our eminent colleague, Dr. E. J. Moure, of Bordeaux. This author tells us that if he were obliged to classify according to their frequency the different reflex phenomena occasioned by odors and perfumes he should place at the head of the list headache, nausea, and vertigo. In the paper to which we have made allusion the author, by citations from other writers and

relation of his own cases, demonstrates the existence of an olfactive vertigo, and studies the mechanism of its production. Dr. Joal cites an array of writers who had referred to the influence of various odors. In the present memoir he describes twelve cases which he had himself witnessed, eight of which have already been published. These cases exemplify the influence of scents upon the voice, and their power, in some instances, to produce epistaxis and urticaria. The succeeding four cases, hitherto unrecorded, exhibit abnormal phenomena in consequence of exposure to odorous emanations. Dr. Joal refers briefly also to two other similar instances.

In five of these series of patients vertigo was occasioned experimentally by exposing the individual to the scent of various flowers and perfumes. The remaining patients were healthy people in whom vertigo was solely due to the influence of certain odors,

After narrating the essential points of the histories the author proceeds to an inquiry concerning the mechanism by which the effects are produced. He expresses the belief that the excitation of the olfactory nerve is conveyed to the cerebellum and bulb by means of the trifacial. In other words, he considers olfactory vertigo as a variety of nasal vertigo. This is, indeed, the view which he has already defended in his former studies of the same general subject. In nearly all the persons there were noticed coincident with the vertigo vasomotor manifestations in the pituitary membrane, such as sneezing, coryza, hydrorrhœa, and in several instances the author was an eyewitness of the swift turgescence of the nasal mucous membrane.

The earlier observers had connected the effects with nasal lesions, as hypertrophic catarrh, mucous polype, spurs, and deviations of the septum, or foreign bodies, but they may occur without the slightest alteration of the mucous membrane. In these cases Dr. Joal believes that the impression made upon the terminal fibres of the olfactory nerve is transferred by reflex action to the terminal filaments of the trifacial or sympathetic. The upper root of the trifacial reaches the cerebellum through the superior peduncle, and the lower root passes through centres implicated in producing vertigo. In the vicinity are also found the nuclei of the glosso-pharyngeal and pneumogastric. This association explains the concomitance of nausea, vomiting, syncope, cardialgia, aphonia, cough, and asthma.

The manifestations may be excited by the most pleasant perfumes as well as by disagreeable odors. Vertigo may be produced by the rose, lilac, heliotrope, jasmine, hyacinth, musk, ambergris, civet, patchouli, etc. An individual may be affected by one of these scents while the others have no undesirable effect. Other people are unfavorably influenced by grasses, oils, grain, petroleum, burning asphalt, ether, methylsalicylate, essence of turpentine, and the odor given off by tanneries and malt-houses.

It is very difficult to explain these peculiarities. We are obliged to conclude that the symptoms are the result of olfactory idiosyn-

crasies in persons of excessive sensibility. As a rule, they are arthritic or neurasthenic individuals. It may also be observed, says the author whom we follow, that this conception of olfactory vertigo may be applied to the subject of seasickness. In its lightest form this is simply a vertigo. Nausea, vomiting, salivation, cold sweats, cardialgia, and nervous depression only occur in serious cases. Seasickness may be dependent, in certain cases, upon bulbar irritation of olfactory origin. The applications of tampons impregnated with a weak solution of cocaine has given good results in such cases. In some cases the nauseous odors from the ship or its cargo produce the sickness. *Medical Bulletin, July, 1901.*

THE WINDOW, THE ROOM, AND THE SUN.

That light is an essential of health has long been recognized vaguely, but we are now gradually learning to some extent to what the health-giving properties of the sun's rays are due. The depressing and demoralizing effects of darkness have been known from time immemorial, and the dungeon was perhaps the worst form of punishment to which a human being could be subjected. It is only comparatively recently that attention has been given to the necessity of providing an abundant supply of unfiltered light as well as air to our dwellings. A little over half a century ago, many of the tenement places of London were no better than dungeons, from the point of view of the provision made for the entrance of light. Indeed, as is well known, glass windows were taxed, this action of the State being itself an incentive to darken the house. The question remains how best to secure the health giving properties of light, whilst excluding variable conditions of weather which would give rise to discomfort. In a paper upon this subject read at the recent meeting of the Tenth International Congress of Hygiene and Demography in Paris, M. Trelat, a well known authority on hygiene, gave it as his opinion that the best light for the house is the slanting light as opposed to the vertical and the horizontal light. Of course, the light proceeding in a straight line from the zenith could not be made available, while the light proceeding in a straight line from the horizon, as at sunset, similarly could not be utilized, besides which this light is not so pure, for, as M. Trelat holds, it is deteriorated by passing through successive layers of dust and vapors escaping from the soil.

According to this view, houses should be constructed to receive the rays of light at an angle of thirty degrees—that is to say, from a space corresponding with the mid heavens—and, in order to obtain this light, houses should not be higher than two-thirds of the width of the street. If a street, for example, were thirty feet wide, the houses on each side should not be higher than twenty feet. We are afraid that there are very few houses and streets complying with this standard. The suggestion is, of course, not to cut down our houses, but to

widen our streets, a suggestion with which everybody would be in accord were it possible economically to carry it out.

The question of the presence of microbes at different air levels must not, however, be ignored. Bacteriological experiments have shown that the air near the ground is loaded with micro organisms, the number diminishing as we ascend. The difference is most marked even in the case of a five-storied building, the air in the top story being comparatively free from microbes, while that on the ground floor swarms with them. This state of things would be altered if the sunlight were admitted properly on all floors, for sunlight is a powerful bactericide.—*Medical Adviser*, May, 1901.

W. N. M.

HYPEREMESIS GRAVIDARUM.

This is a disorder that occurs during pregnancy (Smithwick, *Southern Med. Jour.*), and in most cases is confined to the earlier stages. It may be said that nausea and vomiting are, to a certain extent, normally associated with the pregnant condition of the female, but in some instances it assumes such proportions that it not only becomes pathological, but extremely dangerous. It may vary in severity from a slight "morning sickness" to an extreme state of nausea and vomiting, so that nothing will remain in the stomach, and even the thought of food will cause retching. In some of the more severe cases, if allowed to progress, the emaciation and exhaustion soon become a matter of no small moment and, unless the trouble is brought to a termination, death may occur as a result.

Hundreds of remedies have been recommended for its alleviation, but experience teaches that in most cases the gravid uterus has to be emptied of its contents to secure relief. In others less severe the desired relief comes from less radical measures.

In the treatment of pernicious vomiting of pregnancy it is usually the custom to put off the producing of abortion as long as possible. Of course it is desirable to save the life of the child if possible, but it is not at all desirable to sacrifice the lives of both mother and child to give it a chance.

Among the numerous remedies recommended in the treatment of this condition, ingluvin (Wm. R. Warner & Co., Philadelphia.) gives me the best clinical results. I have frequently seen patients who would vomit immediately upon taking anything into the stomach, almost relish this preparation and the vomiting immediately cease, irrespective of its primary cause. Having had such good results with it in its various forms of nausea and vomiting, I was induced to try it in the vomiting of pregnancy, both physiological and pathological, and have had excellent result up to date. In those patients in whom the vomiting amounts to nothing more than morning sickness, which may be considered physiological, it gives great relief; also when it comes to be pathological. It relieves the nausea and increases the

appetite and assimilation to a marked degree, so that the patient's system is put in an excellent condition to undergo the ordeal of labor.

I frequently administer ingluvin to my patients who are in a pregnant condition and are suffering with nausea and vomiting of a mild degree, and find that it gives very great relief. They gain in weight during its administration, their systems are put in a healthy condition, and they are much better prepared and able to stand the strain of labor than those who have not taken the preparation. Ingluvin has, on every occasion, served my purpose well; indeed, far better than anything else I have ever tried.—*Buffalo Med. Jour.* Aug., 1901.

W. N. M.

DIFFERENTIAL DIAGNOSIS BETWEEN NERVE DISEASES.

Diagnosis is not the least difficult part of the work of the neurologist. Neither is it the least important. Many cases are reported in the medical press of the country from time to time showing marvelous cures by the Homœopathic remedy. But some of them, hypothetically or otherwise, lose most of their usefulness to the thinking mind because they claim to have cured pathological conditions whose symptoms should never be confounded with those of the cases reported. Even the impossible is claimed in some cases. I mean by this that conditions representing the total destruction of tissue are restored to the normal.

A few years ago the allopathic superintendent of a hospital for the insane reported the cure of several cases of terminal dementia. This proved one of two conditions. He was either grossly ignorant of what the term means, or was a monumental liar. Let us be charitable and think it the former.

"The physician should distinctly understand the following conditions: What is curable in disease in general, and in each individual case in particular; that is the recognition of disease, indication. He should clearly comprehend what is curative in drugs in general and in each drug in particular; that is, he should possess a perfect knowledge of medicinal powers. He should be governed by distinct reasons in order to insure recovery, by adapting what is curative in medicines to what he has recognized as undoubtedly morbid in the patient."

A diagnosis can only be made between the various lesions of the nervous system by a knowledge of the anatomy and physiology of the central nervous system in order to decide whether the symptoms of a given case could result from a lesion of this or that structure. It is not enough to simply take what the books say, because very few cases in practice are typical. Having located the lesion, our next duty is to decide as to its character. Is it destructive or merely irritative in nature? If destructive, is it benign or malignant? If benign, has it progressed to a stage to produce so serious loss of nerve substance as to preclude recovery? If not, is it a case that demands surgical inter-

ference? There are several different lesions that produce more or less atrophy of muscles, some of which are absolutely hopeless in their prognosis, while others may be checked by proper treatment and some improvement obtained, and others may be cured. I will only discuss a portion of them here. It is a common mistake for the general practitioner to pronounce every case of atrophy of muscles, progressive muscular atrophy. And sometimes specialists have been led into similar errors.

Acute anterior polio-myelitis causes atrophy, but it is preceded by sudden rise of temperature, chill and sudden paralysis, while the more serious disease presents atrophy as the first and only symptom. Both result from lesions involving, and confined to the same tissues, the ganglion cells in the anterior gray cornui of the cord. But in anterior polio myelitis it is inflammatory, hence the chill and fever; while in progressive muscular atrophy it is a non-inflammatory degeneration, hence the absence of all symptoms except the atrophy. There is no true paralysis in progressive muscular atrophy, the motor weakness being in ratio to the loss of muscular fibres. In polio-myelitis the legs are more frequently first affected, while progressive muscular atrophy begins in the small muscles of the hand, and it is bilateral while polio myelitis may be unilateral. There are no sensory symptoms in either for the reason that the sensory columns of the cord are not involved. Polio myelitis, like pseudo hypertrophic paralysis, is a disease of childhood, or early life, while progressive muscular atrophy belongs to middle life. But unlike pseudo-hypertrophic paralysis or progressive muscular atrophy, we may look for partial recovery in anterior polio myelitis. Moreover in pseudo-hypertrophic paralysis the atrophy and paralysis are preceded by a seeming hypertrophy of the affected muscles, usually the gastrocnemii. It is bilateral, like progressive muscular atrophy, but so rare a disease in this country as to scarcely demand attention. In this disease the small muscles of the hand are not involved, as in progressive muscular atrophy. It would be difficult to confound the peculiar waddling gait and characteristic attitude of the patient when standing, in a case of pseudo-hypertrophic paralysis, with any other condition. The shoulders project far back of a vertical line ascending from the sacrum, the abdomen protrudes and the back is arched forward. If there still is any doubt place the child on the floor on the abdomen, and observe him as he slowly raises himself onto his hands and knees, then gets his leg straightened until he stands on hands and feet, then places one hand on his knee, then the other, and slowly "climbs" his thighs to a standing posture. This is characteristic of pseudo-hypertrophic paralysis.

In amyotrophic lateral sclerosis we get paralysis with atrophy, but it is unilateral and accompanied by contracture of the flexor muscles, owing to the fact that the lesion extends from the anterior gray horns to the crossed pyramidal tract. This contracture results in the characteristic deformity of the hand.

The fingers are clenched into the palm, and the hand is flexed on the wrist, the elbow more or less flexed. The lesion, like that of progressive muscular atrophy is non-inflammatory, and the prognosis bad, but the deep reflexes are markedly exaggerated, while in none of the preceding lesions are they affected, owing to a lack of involvement of the reflex arc in the cord. The paralyzed muscles usually show more or less twitchings before contracture in amyotrophic lateral sclerosis. There are no sensory symptoms in any of the preceding for the obvious reason that the sensory fibers are not involved. Spinal meningitis also produces atrophy of muscles; but unlike all the preceding it causes severe pain in the spine, which shows a tendency to radiate on the nerves in relation to the part involved, and is greatly aggravated by motion, a jar and especially twisting the spinal column. It is accompanied by high fever like polio-myelitis; but in meningitis the deep reflexes are exaggerated like amyotrophic lateral sclerosis, but the latter has neither fever or pain.

Muscular dystrophies resulting from some lesion of the peripheral nerves is also accompanied by muscular atrophy; but they differ from all the preceding in that the muscles involved are in groups supplied by the same nerve trunks, while the affected muscles in spinal lesions are not supplied by the same nerve trunks. If the lesion be a neuritis we may get fever like spinal meningitis and polio-myelitis, but there is no pain in the back like meningitis, the pain being confined to the region of the diseased nerves, and it is unilateral while the more central disorder is usually bilateral. It may be diagnosed from polio-myelitis by the absence of pain in the latter. In peripheral lesions the motor and sensory symptoms appear simultaneously, the trophic subsequently, because the nerves carry sensory motor and trophic fibres.—*Hahnemannian Advocate*. W. N. M.

Diagnosis of Prolapse of the Kidney.

A simple method for the detection of this abnormality is described by Augustin H. Goelet, in the *Medical Record* of June, 1. The clothing is loosened about the waist, the corset removed and the undershirt rolled up, and the skirts drawn down below the level of the iliac crest. The patient is then placed erect, with her back to the edge of a table or against the wall or a door, with the body inclined slightly forward. Greater relaxation can be secured by having the patient bend the right knee and rest only the toe of that foot on the floor. The examiner, sitting in front of her, grasps the right loin with his left hand, with the thumb in front just below the border of the ribs. The patient is now directed to take several deep inspirations and to expire to the extreme limit, while the physician presses the thumb well into the abdominal wall so as to make the space between the thumb and fingers as small as possible. With the other hand flat against the abdomen, the examiner now draws the relaxed

abdominal wall downward and pushes the fingers inward, then upward. If he succeeds in getting these fingers under the kidney, it will be felt by the other hand as it slips upward into place. When the abdominal wall is too thick or rigid, the patient must be made to lie on the back, with the right leg flexed and supported. The manipulations are the same as described above. Since the kidney tends to slip back into position in the supine posture, one often needs to dislodge it by having the patient breathe deeply and expire to the limit, while the thumb is pressed suddenly well up under the border of the ribs; or she may cough hard several times.—*Denver Medical Times, June, 1901.*

W. N. M.

ARSENAURO.

Dr. Archibald Dixon, in a paper read before the Ohio Valley Medical Association, (published in the *Medical News of Sept. 14*) reports cures in three cases of diabetes mellitus following the administration of arsenauero. In each case he pushed the remedy to the point of physiological saturation, beginning with a dosage of five drops three times daily.

Dr. Dixon states that arsenauero undoubtedly possesses properties which increase the energy of the sugar destroying function. He also advances the argument that carbo-hydrates should not be entirely withdrawn, but on the contrary that a certain proportion can be taken by every patient without causing increase of the sugar in the urine. A strict diabetic diet becomes very burdensome to the patient. He is more apt to violate instructions than if carbo-hydrates be permitted in small quantities.

Longevity of Various Races.

It has often been remarked that while nothing is so uncertain as the duration of any given human life, nothing is more certain than the aggregate of years which may be assigned to a group of one hundred persons or more at any particular age. The expectation of life at a given age, to use the actuarial phrase, differs considerably, as might be expected, in different countries, and Englishmen may be surprised to learn that they are not the longest living among the white races. At the age of 20 an Englishman in average health may expect to live 42 years, and any life office will grant him a policy based on that probability. The American's expectation is for a slightly longer period. On the other hand, a German lad of 20 can count on little more than 39½ years. It would seem, therefore, that the restlessness attributed to the American temperament does not necessarily conduce to the shortening of life, nor the composure of the German to its prolongation. Possibly the better feeding and clothing of Americans in the lower classes of the population is the principal cause of their greater longevity. Their position is, at any rate, maintained in later as well as in earlier years. The American who has reached 60 may look to complete 14 years more, while the Britisher's expectation is only about 13 years and ten months, and the German's as nearly as possible 12 months less. Both at 20 and at 60 the Frenchman's prospect is a little better than the German's, and a little worse than the Englishman's.—*London Globe.*

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PRETERNATURAL LABOR.

V. MULTIPLE PREGNANCY AND LABOR.—Twin pregnancy occurs once in about every seventy-five cases. This is the result of the maturation and dehiscence of two ova, each of which is fecundated and transmitted to the uterus near the same time, from whence a plural gestation follows. It may be owing to one of several reasons: there may be a Graafian vesicle upon each ovary, or two may reach complete maturity at about the same time on one ovary, the ovum of each being fecundated, while in some instances two ova may be developed within the same follicle; again there may be within a single Graafian vesicle one ovum with two nuclei (germinal vesicles and spots), a double-yelked egg.

Gestation in plural pregnancy usually continues uninterruptedly, not especially unlike that in simple pregnancy, until the last few weeks, when the undue development may prove a discomfort because of the excessive weight, as well as tend to excite various mechanical symptoms, owing to pressure from the marked distension.

The presence of twins often prompts a presumptive diagnosis before labor. This, in many instances—probably in most cases—will be later confirmed and found correct; however, there is no precursory evidence upon which positive judgment may rest earlier than a careful examination just at the beginning or during the progress of labor. During gestation a diagnosis will depend on careful bimanual palpation, outlining the uterus and discovering the various parts of the two fetuses; by auscultation the presence of the two fetal heart sounds at different points may be heard; likewise in some instances the two distinct placental souffles; rapid increase and irregular outlines of the uterine contour. Late in gestation there will be but slight or feeble foetal movements, owing to the great distension and interference of one child with the other. In many cases, however, disappointment will follow at the time of parturition, where very marked symptoms were prominent and manifest throughout gestation; likewise, again, there may be no suspicion of a twin labor until after the first child is born.

Usually, in a pleural or multiple pregnancy, each foetus is developed independently of the other, separate membranes, cord and placenta being supplied to each. Exceptions exist, however, in a certain per cent. of cases, governed by the origin and development of the ova. In the event of two Graafian vesicles reaching maturity simultaneously, and the ovum of each fertilized, there will be a corresponding independent development of each, with a distinct intra-uterine existence. In other cases, where the two ovules have a common origin, and escape from a single Graafian follicle, there will be a separate amnionic sac, two cords, but a common chorion and placenta for each.

When there is but one placenta and a common chorion, the condition is designated a unioval pregnancy. The prognosis in multiple cases is less favorable than in single labors; while in a majority of instances a satisfactory result follows, in probably twenty-five per cent of the cases difficulties and complications arise either to mother or child, that should be borne in mind, and anticipated in labors where twins are expected. In such cases labor is likely to follow a shortened gestation; this is owing to the fact that the distension and development of the uterus is usually equal and corresponds to full term by the seven and a half or eighth month; this condition is attended with greater likelihood to slow contractions, inertia, prolongation of labor and subsequent postpartum hemorrhage; while the presentations are usually either by the head of each, or the head of the first and the breech of the second, there is nevertheless a greater tendency in such cases to some abnormal presentation as of a shoulder, trunk, or a locked condition of the chins. Eclampsia may likewise follow, if not during pregnancy, at the time of labor, owing the marked and continued pressure upon the ureters.

There is usually considerable difference in the weight of twins, as well as contrast in size; one child may die in utero without affecting the other, especially if each has its own membranes. Labor in twin cases is usually uneventful—particularly so, as far as the delivery of the first child is concerned; and if there be a normal presentation, and mechanism continues satisfactorily, no interference will be required until the birth of the first foetus; in fact, very often no suspicion of a plurality of children will be entertained, consequently under favorable circumstances, the labor should be allowed to progress as in an ordinary case.

As soon as the first delivery is completed, or rather following the ligation and separation of the cord, one should grasp the uterus deeply through the abdominal walls; and by the way, this rule should invariably be observed in all cases, for the purpose of stimulating the uterus to contract upon the placenta. This grasping or palpation will enable one to readily discover and outline the presence of the second child. Having diagnosed the true state of affairs, care should be observed to prevent the delivery of the placenta until after the birth of

the second child, owing to the fact that the pregnancy might have been unioval, and fatal asphyxia of the second child result.

The presentation, position, etc., should be determined just as during the labor of the first child. Usually contractions are resumed very soon, and the labor terminates in the completion of the delivery within a quarter to a half hour. The membranes can be ruptured artificially at once, and ergot safely administered if the contractions are feeble, owing to the condition of dilatation and relaxation.

The period of greatest danger is now, during the third stage, after both children have been delivered, and during and after the delivery of the placenta. Owing to the recent over distension of the uterus, and the prolonged labor, there is frequently a tendency to inertia or inactivity of the uterus, resulting in alarming hemorrhage. The usual treatment for such conditions should be at once instituted. Carefully kneading and compressing the organ after the manner of Crede will usually stimulate responsive contractions. Ergot should be administered in from thirty to sixty drop doses, however, until the croquet-ball-like hardness of the firmly contracted uterus may be felt, and the hemorrhage gotten under control. Care should be exercised to see that the secundines are completely delivered, and no part of the placenta retained. It is advisable, after a twin delivery, to apply a well adjusted bandage, in order that continued involution may be encouraged. The patient should be especially quiet and composed, and otherwise administered to during her lying-in, very much as in a case following an ordinary delivery.

R. C. W.

GELSEMIUM.

Gelsemium is well known to eclectics, and its therapeutic possibilities are perhaps better understood by them than by others; this seems to be true from the fact that our neighbors every once in a while will announce as new some virtue of gelsemium which has been for a long time well known to eclectics. But this is all right and we are glad to see them learn the things from some other source, which they refuse to learn from us; truly "the light shineth upon the darkness but the darkness comprehendeth it not;" this is true of many other remedies as well known as gelsemium. It really should not disturb us if others should turn to read us when we cast our pearls of learning and experience before them, if later they pick them up and utilize them as new discoveries of their own.

Gelsemium with its familiar indications, bright eyes, flushed face, contracted pupils, headache, sometimes delirium, is a common remedy; these are symptoms of cerebral hyperæmia and the relief following the administration of gelsemium in the above conditions is prompt and permanent. Gelsemium will quickly check infantile convulsion, when caused by cerebral hyperæmia, direct or reflex, and its continued use will prevent a return of the convulsion. Drawing from an experience of twenty-five years in the use of gelsemium, the writer has.

found the remedy to be good in many varied morbid states. In frequent and painful micturition, due probably to cystic irritation and stringency, gelsemium relieves promptly. It will also cause a free urination in case of retained urine due to stricture; the remedy is naturally more efficient in spasmodic urethral stricture, and such rarely resists its action when given in large doses; but even in organic stricture it will sometimes work surprisingly; perhaps in this case there may be also an element of nervousness.

In pains located in the muscles of the dorsal and lumbar region, such as are commonly called lumbago, gelsemium will be efficient to relieve if given in somewhat larger doses than usual; ten or fifteen drops every two hours will relieve pains when due to over work or exposure. But pains in the back occurring in women and caused by uterine or ovarian disease, are not markedly relieved by gelsemium; such usually require other than therapeutic treatment.

The writer has found gelsemium very efficient as a nervine when given in small doses. The fidgety nervous women who say they feel like they would fly to pieces, who are unable to be still, and are somewhat cross and irritable without any definite pathological cause, may be relieved by gelsemium, which seems to relax tension and soothe the nervous irritation. In cases of chronic headache, due to persistent cerebral hyperæmia, small doses of gelsemium persisted in for a month or so, will be found beneficial. In later years, the writer has not been disappointed in the use of gelsemium, although at first, the drug many times did not accomplish the desired result; too much was expected, and the remedy overestimated. Gelsemium will not cure everything. I have not found it of much value in acute neuralgia, although it seems to be highly estimated by our regular friends in this condition, nor have I ever found it of any value in after pains, although it will frequently relieve the painful contractions in dysmenorrhœa and relax a rigid os during labor. The preparation of gelsemium used has always been *sp. medicine*. Gelsemium in tablet form I have not used because of my disbelief in its permanency. I think evaporation would rob the tablet of its virtue, although an alkalioid would not evaporate; but I confess frankly that I know nothing of other preparations of gelsemium, neither do I condemn them.

L. W.

CHOLELITHOTOMY OR CHOLEDOCHOTOMY.

The treatment of gall bladder lesions where there is complete obstruction of the duct is necessarily surgical, and for the correction of the lesion resolves itself into two propositions: 1st, the opening down onto the gall bladder securing the same and bringing it up through the parietal incision where it may be examined and the method of treatment devised and executed by the surgeon.

If the gall bladder is greatly enlarged and filled with calculi, the inferior border should be raised in the incision sufficient to allow of

a gauze tampon to be placed around the border of the gall bladder to prevent the liths or fluid from escaping into the abdominal cavity.

If there is much fluid in the gall bladder as is often the case, an aspirating needle should be used to withdraw all of the fluid if possible before an incision is made into the gall bladder. This lessens the pressure and reduces the size of the gall bladder, allowing the surgeon to still more freely draw the bladder extra-abdominal. If in the completion of the operation it is found that the liths mentioned have all been easily removed, and the walls of the gall bladder have not been injured, the incision may be carefully closed with fine silk sutures and the organ allowed to drop back into the cavity, where nature will complete the cure.

It has been my custom in doing operations upon the gall bladder to place the patient on the table in the dorsal position and to distort the body over a moderate sized sand bag placed posterior to the right lower part of the thorax. This helps to bulge and force the liver nearer the anterior abdominal wall, and in a measure immobilizes it, so that the gall bladder presents in the line of the incision, enabling me to secure the same without doing violence to the internal viscera by manipulation.

In those cases where there is an extensive catarrhal condition and bruising of the parts in securing gall stones, I suture the walls of the gall bladder in the lower angle of the incision, placing within it pieces of iodoform gauze to act as an obstruction to drainage for the first 24 hours until nature can protect and make adherent the gall bladder in its new position, after which some of the iodoform gauze is removed and the balance allowed to remain for the purpose of drainage. The peritoneum of the gall bladder is sutured to the parietal peritoneum and the incised margin is again carefully sutured to the aponeurosis which more completely closes the peritoneal cavity. L. E. R.

THE TREATMENT OF THE PRESIDENT.

While it is not our purpose to criticise the medical attendants of our late President, it is well for the profession to look carefully to the methods that were used during the treatment of the illustrious patient, and profit thereby in future cases of like character. I have but little sympathy or patience for that critic who, though miles away from a patient, and therefore entirely unacquainted with the conditions that may be present, is always ready to condemn the treatment employed, and suggest a line of treatment that would have been effective.

Any injury that penetrates the stomach or destroys its continuity is always more or less grave and one to receive very careful attention; and any condition of the stomach whereby its functional activity is impaired must be removed before a patient can secure the best results from treatment. A sick or injured stomach should be treated kindly,

be allowed to rest from work and avoid all irritation. If the President's arm or leg had been broken, it would have been carefully placed in splints or a plaster cast, that it might have absolute rest and be protected from any irritation. If the eye is sick, it is shaded from the light, and all work for this organ withheld. If the brain is sick, we prescribe rest from all mental activity. Why not be kind to the stomach as well? Why not let the poor tired and abused organ rest as well. It needed quiet, not work; rest, not food. It is a mistaken idea that a patient must continually be taking food to maintain his strength. It has been proven repeatedly that nature is able to maintain life for days and even weeks without food, and with but little if any harm to the individual. The laity are always solicitous for patients to have food, and one of the factors the physician has to contend against most frequently is the administering of food.

Harsh and nauseating remedies, for the same reason, should be avoided. How often the nasty nauseating and sickening remedies are rejected. Nature rebels, and the poor abused stomach goes on a strike. Let us learn to deal kindly with this all-important organ. The great mistake the medical man makes to-day is in over medication. When we learn to give clean, concentrated remedies of definite strength, in pleasant form and in minimum size dose, a more prosperous time will be ushered in for both patient and doctor.

The times demand the administration of clean, pure remedies, of definite, known strength, in pleasant form and small dose. R. L. T.

JALAP.

This old remedy has been in use for nearly 300 years, but since the fads of medicine have become so prominent it is not used so frequently. It may be said to be indicated by general intestinal torpor, dyspepsia, or constipation, and when combined with other drugs it is perhaps one of the very best and least harmful cathartics known. It increases the secretions of the intestinal glands, through an increased vascularity and an increased peristalsis. In ordinary cases, when combined with a stimulant, it does not gripe or produce distressing effects. It does act quickly and efficiently. Overdoses produce dangerous nausea, tormina and tenesmus. Its administration is contraindicated by active inflammation. The stools produced by jalap are large, watery, and frequent. It is a so-called hydragogue.

In small doses jalap is an excellent remedy for almost any disease or person in which or in whom there is plethora or fullness. It acts nicely in pulmonary congestion, in cardiac asthma, in the various fevers, in gonorrhea, in diseases of the brain—in fact, in any disease in which there is fecal impaction. It is so mild and undisturbing in its action that it may be given in hemorrhoidal cases when a bowel movement is demanded and assistance is sought through medicine. It is far superior in this instance to many of the stimulating cathartics or laxatives. A proper dose usually purges in three or four hours.

Without doubt the best field for the administration of jalap is in ascites or in anasarca. It is not very likely that it exerts any special action upon either the heart, the kidneys, or the liver, whichever may be at fault—the cause of this symptom—but through the removal of such large quantities of water through the stools it overcomes the effect, and gives other remedies a chance to act upon the cause. A water-logged craft cannot sail, neither can a water-logged organ perform its usual functions.

As a remedy for constipation, jalap may be used in five grain doses occasionally for present relief, while permanent relief is sought through diet and other means. The pernicious prescribing of cathartics does not cure constipation. Jalap in these cases may be combined with compound licorice powder, or with calomel; however, the latter is too slow in its action to combine satisfactorily with jalap.

The most common drug and the most satisfactory to both patient and physician—to combine with jalap is the bitartrate of potassium, or common cream of tartar. A very satisfactory and praiseworthy combination is as follows: jalap 35 parts, and bitartrate of potassium 65 parts. Triturate thoroughly. Prof. Locke's formula is as follows: jalap three ounces, cream tartar six ounces, Jamaica ginger two drams. Mix thoroughly.

That old Eclectic stand-by, the antibilious physic, that originated long before we were born, is just as efficient to-day as ever. Though not so elegant that the most fastidious is sure to enjoy it, it is certain, safe, quick and thorough. We would not hesitate to give it to a child, a typhoid fever case, a parturient woman—to anybody, old or young, whose condition actually demanded a cathartic. It is composed of jalap eight ounces, senna sixteen ounces, and ginger one ounce. Triturate thoroughly, and the dose is from thirty to sixty grains, to be repeated in four hours if needed. Our favorite way of administering it is to *very thoroughly* mix it with as much ice water as one cares to swallow, say two to four tablespoonfuls. Should some dry powder escape the immersion, it is rather unpleasant to the taste. The mixture is far more unpleasant to the eye than to the taste. (We shut both eyes when about to take it, then swallow it down with a gulp.)

We have the same combination of drugs in another form—"liquid antibilious physic"—which Lloyd Brothers kindly prepare for us. Of it a drop of the mixture equals a grain of the powder. Many prefer to take it, though the difference in taste or action is not much. When these remedies are used it is essential to know that the powdered drugs have been prepared from worthy plant products. Dry, musty, inert herbs are worthless, here or elsewhere.

The dose of the specific medicine jalap is from five to twenty drops every one to four hours. When added to water this preparation throws down a precipitate. "Shake the bottle," should be a part of the directions when prescribing it. We prefer common old jalap to many of the new-fangled things.

W. E. B.

KALMIA—Sheep Laurel.

This is the common mountain laurel, and in the locality where it grows it has (deservedly) the reputation of being a very poisonous plant. In its being poisonous it does not differ materially from the majority of our remedial agents. As we have said before, the fact any remedy has force about it to kill, would suggest to me that if the same remedy be given in medicinal doses, it would prove actively curative, if the proper indications for its administration be known. We know that this is not Physio Medical doctrine, and that by some it will be said to very heterodox. But we are satisfied to have others call the *poisonous* action the *physiological action*. What does it matter as long as we know and avoid the dangerous dose? What interests us most as physicians seeking curative agents, is what any one of them will do when administered as *medicine* in medicinal doses. All of this applies to other remedies as well as to the kalmia. We should look further into the general behavior of all drugs, and learn that gentle non-poisonous or medicinal action will promote and not retard or destroy functional activity or progress. Therefore, kalmia should be studied seriously.

Prof. King, whom we all knew to have been a close student of materia medica, was very positive in his assertions as to the value of kalmia as an antisyphilitic. He made a distinction in the cases, saying that it did exceedingly well in either the primary or secondary stages of syphilis, when there was *excitement* of the circulation and nervous system.

Some one has also told us that kalmia is very efficient in cases of active hemorrhage, and in hyperactivity of the heart, also in diarrhea, dysentery, and jaundice. Laurel has been praised as a remedy in rheumatism, when the pains are shifting and the heart action is accelerated. Kalmia has been praised for its efficiency in the treatment of chronic inflammation of an atonic type, when the glandular structures were disordered and below par, when the old time "scrofula" was the demon to be dethroned.

We confess that our experience with kalmia has been limited, but we would be delighted to have the opportunity to test its virtues. We have faith and confidence in it as a prelude. Of the specific medicine as much as twenty drops may be added to four ounces of water, and of the mixture a teaspoonful may be given every two to four hours. We wish that if any reader of the JOURNAL has a working knowledge of kalmia, he will forthwith report its work for the general benefit of all.

W. E. B.

KAMALA, or KAMEELA.

We are not positive as to the proper spelling of this name, as it is written both ways and by responsible writers; so we will not attempt to decide. In the Standard Dictionary it is written kamila, kameela,

kamela, and kamala. Whether one writing is to be applied to the tree, another to the drug part of it, we do not know.

The drug is East Indian in origin and reputation. The results following its administration as a tæniifuge in fifty cases were failures in but two cases. No other parasiticide with which we are familiar has such a record of success following it.

We do not mention this drug because of our having had experience with it, but rather to incite investigation by Journal readers. It is not every day that we find opportunities for the administration of tæniifuge remedies. Therefore in order to get knowledge quickly we desire the reports from many observers.

Another feature that should prompt the investigation of the drug along tape-worm lines, is that it differs from most others as to size of dose. Of the specific medicine the dose is from one-half to one drachm every three hours until five or six doses are taken. Overdoses are followed by unpleasant symptoms, but so far as we know, not by very poisonous ones.

W. E. B.

HÆMOPTYSIS.

We have been led to wonder if there is any disorder for which the ordinary treatment is so far out of date as that for pulmonary hemorrhage, or more properly, bronchial hemorrhage. Bleeding, with most practitioners, seems to suggest at once the employment of ergot, gallic or tannic acid, or various remedies classed as antihemorrhagics or astringents. Our experience with this alarming accident teaches us that, like other conditions, it is more easily controlled by practicing specific medication in its treatment than by following the practice of loading the patient with the ordinary stereotyped remedies, ergot, gallic acid, tincture of iron, and others, ad nauseum. We have tried these agents time and again and in every instance have had far inferior results, and many times unpleasant sequelæ; more than when we had followed the teachings of specific medication.

The alarm of the patient and attendants first requires our attention. A little blood makes a great show and more especially when from the pulmonary tract, being inflated with air, giving one the impression that a much greater hemorrhage is taking place than is actually occurring. Gain the confidence of patient and friends, and assure them bleeding from the chest rarely proves fatal. Insist on absolute quiet and rest in a semirecumbent position. If cough is a feature, instruct the patient to cough as gently as possible while the hemorrhage is on; do not insist that he try not to cough at all. If coughing is violent, then medicines to control its severity may be administered. Cracked ice may assist in controlling the bleeding, and cold applications even of cracked ice placed in a rubber water-bottle, may be applied to the chest. Salt may be slowly partaken of by the patient if for no other reason than to occupy his attention and attract his mind from his misfortune.

The pulse is usually quick and weak ; if so, aconite in small doses frequently repeated will control the bleeding if small in amount and of a bright red color. When the pulse is full, strong and violent, veratrum should be cautiously administered. The violent, erratic pulse, due to tumultuous action of the heart, is well controlled by lycopus, and in those cases in which there is a disposition to bleed for days, we generally continue this remedy for a prolonged period between attacks. It appears to lessen their frequency and severity. Ergot may possibly be of service ; so may gallic acid. But in our cases the results have been so slow and the effects upon the stomach and bowels subsequently so unpleasant, that we now only think of them when other agents have failed us, and find that if the others fail, they also disappoint. Belladonna is of service often if the bleeding is small in amount, evidently from slow capillary origin.

When called to a very severe hemorrhage, however, with a greatly agitated victim, trembling, sweating, blood coming up in mouthfuls, and gasping for breath, we know of nothing so prompt in controlling the whole range of difficulties as a hypodermic injection of one-fourth grain of morphine sulphate and one-hundredth grain of atropine. Atropine alone is said to be very effective, but we have never so administered it, having been well satisfied with the combination, and even with opium alkaloid alone. The bleeding ceases, the patient becomes quiet and reassured, pain when present is controlled, excessive cough is checked, and if much exhausted the patient often drops off to sleep. For two or three days smaller doses of the morphine are given, and if no further hemorrhage occurs it is then discontinued. Now as a rule, there is fever, and great soreness in the chest. For these conditions nothing equals aconite and bryonia as specifically indicated. A light diet is insisted on for a few days, as well as rest in bed. Should the breath be offensive, cadaveric, an inhalation of some aromatic antiseptic may be employed, or more often potassium chlorate and echinacea internally will give the desired results. If large quantities of blood should be lost—sufficient to exhaust the patient and threaten a collapse, we should not hesitate to resort to a subcutaneous injection of normal salt solution.

H. W. F.

BELIEF IN MEDICINE.

If you do not believe in medicine, there is no place for you among physicians. Be fair ; do not live a living fraud. No man employs a skeptic in medicine ; as soon would a good churchman employ an atheistic preacher. When disease comes to our homes—when sickness strikes a loved one—we send for the physician. We send for him because we have faith in him, in his skill, in his knowledge, and in his integrity. We do not want a medical nihilist, and we do not propose to employ one if we know it. The physician who has no faith in his art has no place as a physician in our home. He either is out

of place in his profession by reason of miseducation, misinformation, or under education in lines in which he should be expert. This we know, or believe we know, and we know furthermore that the man who has no faith in the curative power of medicine is the man who does not know medicine—at least the fine touches that come to him who studies in faith the response that comes to properly administering remedial agents.

The danger that lies ahead of the regular school lies in the skepticism that now pervades the ranks of the leaders in regular medicine. It is not for us to say just what is the cause for this mistrust in their system of medicine; be it enough for us to note that closer study of disease and remedies strengthens the eclectic's faith in eclectic medicine. Therapy is not a failure here, and so long as the study of eclectic remedies is persisted in, in actual disease expression, we predict it will not be a failure. Medical nihilists are rare in our school, and so long as the success now attending our people is maintained, they will be rare. To practice medicine fairly successfully, you must know disease, know medicine, and be a believer in your own self as a physician; not a doubter, not a skeptic, not a nihilist, for to be these is to admit either one's ignorance of medicine or one's failure in therapy.

J. U. L.



SYPHILITIC MICROBE.

The photo engraving herewith produced, gives a fair representation of the syphilitic microbe which has just been photographed from the field of the microscope by the eminent bacteriologists, Drs. Lise and Jullien, of Pasteur's Institute, Paris, France. The discovery of this microbe, and its presentation to the academy of medicine in Paris, has brought about a revolution in medicine, as to the cause and

treatment of syphilis. The syphilitic microbe has been discovered in the serum of the blood of syphilized patients, and you will observe by examination of this photo engraving with a magnifying glass, that the microbe is essentially polymorphe, its aspect varying from that of a short bacilli to that of a filament very elongated, its extremities vaguely rounded and the microbes are found in abundance when treated as described on page 435, vol. lxi. No. 10, of the October Eclectic Medical Journal which presents to the medical world the first findings of these eminent bacteriologists, new on a subject so world-wide to medicine.

L. E. R.

SURGICAL MISCELLANY.

GUN-SHOT WOUNDS.—Robinson, in the *Annals of Surgery*, Feb. 1901, draws the following conclusions from a record of 1596 cases of gunshot wounds observed during the Phillipino-American war, supplemented by personal experience of 462 cases:

1. The modern gunshot wound is generally aseptic, and should be treated on this supposition.

2. Primary hemorrhage from modern gunshot wounds is exceedingly rare, the bloodvessels being displaced rather than cut by the rapidly moving projectile. His conclusion is that in gunshot wounds in the abdomen, abdominal section is not justifiable, the patient's best chance of life lying in conservative and expectant treatment.

CANCER PASTE.—Where a malignant lesion has existed for some time until too much tissue is involved to allow of operation with the knife, it is well to curette or scrape the broken down tissue quite freely and apply to the parts the following cancer paste, known as Marsden's improved paste. Take arsenious acid 3ij. pulv. gum arabic 5j. cocaine muriate gr. xx.

The paste should be made by adding a few drops of water and rubbing thoroughly until you have a consistency of vaseline. This may be applied with care to the malignant tissues, and allowed to remain several hours, when it, with the necrotic malignant tissue, can be removed with the curette, and a new application made of the paste.

If the patients become greatly enfeebled, as is often the case, it is well to apply a moist poultice for two or three days, after which the necrotic tissue is more easily removed. By this method of dealing with this lesion, the surgeon is enabled to break down and remove much of the impact cancer mass, and place the wound in shape for the antiseptic lotions, thus preventing the very offensive odors which often obtain in these lesions.

OVULATION AND PERITONITIS SIMULATING RECURRING APPENDICITIS.—Our Dr. Ashabranner, of New Albany, Ind., recently brought a patient to the new Seton Hospital for operation, who had been suffering

from several attacks of pelvic peritonitis, simulating recurring appendicitis. The history of the case, a married lady about 25 years of age, never enciente, menstruation fairly normal, with occasional periods of dysmennorrhea. The physician had decided that in order to correct this lesion a surgical operation should be performed.

The patient was carefully anesthetized by Prof. J. R. Spencer, and after I had corrected all pelvic reflex lesions extra-peritoneal, I performed the laparotomy, when I found that there was complete closure of the tube with a severe salpingitis plainly manifest, and that at the period of ovulation, the obstructed tube failed to take care of the product of ovulation, allowing it to spill into the pelvis, producing the recurring pelvic peritonitis that had so markedly simulated recurring appendicitis. I found, however, that the distal end of the appendix had fused with the fibrated extremity of the fallopian tube, and might have been a factor in obscuring a correct diagnosis of the lesion from which the patient suffered.

I believe it to be good surgery, and must advise in the future, where there is a condition like the one above described, that in dealing with the same the incision should be made in the median line, which enables the surgeon to deal with any and all pelvic lesions which he may encounter. Had the pathological condition been considered as one of recurring appendicitis, and the incision made for the correction of the same at McBurney's point, the true cause of the lesion would not have been ascertained and corrected.

Heredity is a recognized, predisposing cause of carcinoma, and the development of this malignant lesion is generally latent until after the age of puberty. DeLaCamp collected nearly a thousand cases of carcinoma, and of this number only four developed prior to the age of puberty. It is therefore quite evident that in the incision in regard to a tumor mass being malignant, the physician should take the age of the patient into consideration, and that the evidence must be in favor of malignancy much more strongly when the subject is below the age of 21.

L. E. R.

A recent British Medical Journal has a very extensive discussion on peripheral neuritis, and attributes the cause to arsenic consumed by the beer drinkers affected with this lesion. It seems strange that much lauded foreign beer, like some of our American manufactures, should contain arsenic. It would seem as though the manufacturers were exhibiting poor judgment to destroy the goose that lays the golden egg—in other words, those who buy and consume their product. Our professor Lloyd recently had an article on this subject which was very interesting.

L. E. R.

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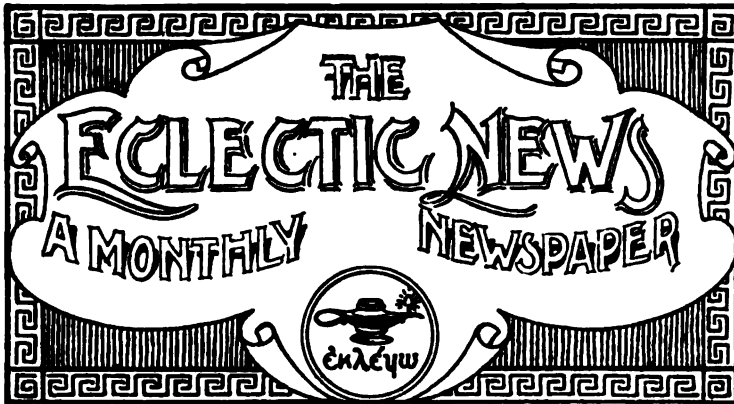
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BOOK NOTICES.

DISEASES OF THE SKIN. By John V. Shoemaker, M. D. Fourth edition, revised and enlarged, with chromo-gravure plates and other illustrations. 892 pages, cloth, \$5.00. D. Appleton & Co., New York, publishers.

The fact that a fourth edition of this work has been published, is sufficient evidence of its worth, and Shoemaker on the skin is a book well known to medical practitioners of every school. The present edition has been revised and modified in correspondence to the advance of the last three years in the sphere of dermatology. The chromo-gravures freely distributed throughout the text present pictures so true to nature that one can rarely fail in diagnosis. The treatment is more along the lines of direct medication than is usual in old school books, and at times the reader feels as though he were following an eclectic author. For a compact treatise on diseases of the skin, there is none that excels Shoemaker.

L. W.

HUMAN PHYSIOLOGY. By J. H. Raymond, M. D. 668 pages, octavo, 443 illustrations, 12 of them in colors, and 4 full-page lithographic plates. Philadelphia: W. B. Saunders & Co. Cloth, \$3.50 net.

Since the first edition of this work scientific research has made such rapid progress in the study of human physiology that the author deemed it imperative to rewrite the work. In the extensive revision the same general subdivision of the subject has been retained, adding, however, a section on histology, which will be found fully adequate for a thorough understanding of the physiologic anatomy of the organs whose functions are under discussion. Special attention has been given to the influence of alcohol upon mouth and gastric digestion, to the subject of deglutition and the gastric movements as observed by the use of the Roentgen rays, and to the physiologic significance of gastrectomy.

In every way the new edition of this most valuable work is highly commendable. It will be found useful and practical, not only to the student, but also to the practitioner, as an up-to-date book of clear, concise, accurate information.

L. W.

PATHOLOGICAL TECHNIQUE.—By F. B. Mallory, M. D., and J. H. Wright, M. D. Second edition, revised and enlarged. Octavo, 432 pages, with 137 illustrations. Philadelphia: W. B. Saunders & Co. Cloth, \$3.00 net.

In revising the book for the new edition the authors have kept in view the needs of the laboratory worker, whether student, practitioner, or pathologist, for a practical manual of histological and bacteriological methods in the study of pathological material. Many parts have been rewritten, many new methods have been added, and the number of illustrations has been considerably increased. The majority of the latter are beautiful original photomicrographs of various species of bacteria.

The new edition of this valuable work keeps pace with the great advances made in pathology, and will continue to be a most useful laboratory and post mortem guide, full of practical information.

L. W.

THE READY REFERENCE HAND BOOK OF SKIN DISEASES. By George T. Jackson, M. D. Fourth edition, in one 12mo volume of 617 pp., with 82 engravings and 3 colored plates. Cloth, \$2.75. Philadelphia: Lea Brothers & Co.

This book is well bound, printed on good paper, with exceptionally clear type. The engravings are very clear and plain. It has a new classification, as have most books on this subject, and is perhaps as good in this respect as any others. In an opposite column to the classification is given the most prominent primary lesion of each disease; this is of special interest to the practitioner who is not quite sure of his diagnosis in skin diseases. The diseases are treated in alphabetical order, and not in classified divisions. This book completely covers the ground of each disease in a concise and able manner; it is well suited to the use of the practitioner, but goes too much into detail for the student. The work is well worth the cost.

E. H. MOORE, M. D.

THE PRINCIPLES AND PRACTICE OF MEDICINE. By William Osler, M. D. Fourth edition. New York: D. Appleton & Co. Cloth, \$5.50.

The fourth edition, recently issued, shows many important changes in a work already reputed for its superior excellence. Some articles are rewritten, while to others has been added much new material. The writer has an easy and pleasing style, which makes the work one of the most readable and interesting of the many works on practice. There is a freshness that fascinates, and a fund of knowledge that is invaluable.

R. L. T.

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EDITORIAL FROM E. M. JOURNAL.

MODERN OBSTETRICS: General and Operative. By W. A. Newman Dorland, M. D. Octavo, 797 pages, with 201 illustrations. Philadelphia: W. B. Saunders & Co. Cloth, \$4.00 net.

This is a comparatively brief treatise upon the science and art of obstetrics. Without tiresome elaboration or verbosity, it gives the essentials of the subject, and is a convenient book for ready reference, when the physician desires to hurriedly enlighten himself upon some difficult situation. The work is comprehensive, yet not elaborate, and gives all the latest phases of the subject succinctly yet thoroughly.

L. W.

TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION. Vol. 29, 1901, 8 vo., 366 pages. Published for the Association by Dr. Finley Ellingwood, Secretary, Chicago.

We are very glad to announce the early publication of the Transactions of the National for the year ending June 20, 1901. This volume includes the proceedings of the thirty-first annual session at Chattanooga, Tenn., in June 1901, together with the reports, papers and essays presented before the several sections. We wish to commend the arrangement of the present volume. The committees are enumerated, then follows the address of the president, and all of the papers serially under each of the several sections. This is followed by special papers, the report of the Committee on Necrology, then the minutes of the meeting, standing resolutions, revised constitution and list of members. While we have not had time to examine the book critically, still we know the editorial work has been very well done.

AMERICAN ILLUSTRATED MEDICAL DICTIONARY. By W. A. N. Dorland, M. D. 8vo, 770 pages, flexible leather, \$4.50. W. B. Saunders & Co., Philadelphia.

We have previously given this dictionary an extended review, and now have before us a revised edition. It is one of the most complete medical dictionaries, and contains all of the terms used in medicine, surgery, and allied sciences, with correct pronunciation, derivations, and definitions, together with the usual tables. The book contains many illustrations and 24 colored plates.

TEXT-BOOK OF THE PRACTICE OF MEDICINE. By James M. Anders, M. D. 8vo, 1292 pages, cloth, \$5.50. W. B. Saunders & Co., Phila.

We are just in receipt of the fifth revised edition of Prof. Anders' Practice. This work has been previously reviewed at some length. We note quite a number of important changes in this edition, and considerable additional matter. The book is fully illustrated and up to date in every particular, and while of course the treatment is allopathic, we do not know of any work on the practice of medicine which we can better recommend on all other points.

COLLEGE AND SOCIETY NOTICES.

The Texas Eclectic Medical Association convened in its 18th annual session, October 8, 9, and 10, in Houston, Texas. The meeting was called to order at 10 o'clock by President J. N. White, of Queen City, Texas. There were present answering to roll call and applicants for membership about 60 physicians from Texas. The association was welcomed to Houston by Judge Norman G. Kittrell who offered the Eclectics the freedom of the city in a very cordial manner, which spirit seemed to prevail among the citizens during the meeting of the session. The city gave the physicians a boat ride down the Buffalo Bayou to Galveston Bay and return, with an abundance of refreshments of all kinds, that were gracefully dispensed by Dr. Fox and his estimable wife, and several prominent ladies of Houston. There was in attendance at the meeting Professors J. U. Lloyd and L. E. Russell, of Cincinnati, Prof. Ellingwood of Chicago, and Dr. Florence Duvall, of Atlanta, who enjoyed the hospitalities of the Texas physicians, and were highly pleased with the 18th annual session of the Texas Eclectics.

There were several papers of importance read to the society, which were quite freely discussed by the different members. Tuesday evening Dr. E. S. Fox and wife, of 1308 McKinney avenue, Houston, extended to the association an evening's entertainment and banquet, which was greatly appreciated by all present. The association adjourned at the close of its session to meet in San Antonio the last days of October, 1902.

The following officers were elected; P. A. Spain, Honey Grove, president; E. L. Fox, Houston, first vice-president; D. W. Holmes, Bellevue, second vice-president; C. D. Hudson, Waco, secretary; M. E. Daniel, Honey Grove, treasurer; corresponding secretaries, W. M. Tucker, Flatonia; K. R. Cutler, Corpus Christi; W. E. Bridge, Gober; J. O. Taylor. Delegates to the National Convention, which meets at Milwaukee, Wis., in June next—E. L. Fox, W. O. Hearne, P. A. Spain, M. W. and I. B. Tucker, G. A. Taylor, J. P. Rice, J. B. Moore, J. L. Ball, O. R. Taylor, A. R. Cutler, J. M. Wright, John Tyson, Jr., R. E. Dewitt, W. E. Bridge, and W. B. Morey.

The 14th annual session of the American Association of Official Surgeons occurred in Chicago Sept. 18 & 19. A large number were in attendance, and the well filled program was productive of much discussion and contained much information along the line of the official philosophy that was of interest to the profession. Occurring as it did, during the week of Professor Pratt's September course in Official Surgery proved a veritable Mecca for all the disciples of this great and good man and most wonderful teacher. Dr. W. E. Bloyer, Cincinnati, O., presided with dignity and ability. The officers elected for the ensuing year are: President, Henry C. Aldrich, Min-

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neapolis; vice presidents, G. R. Hermiker, Dowagiac, Mich.; G. A. Shoemaker, Lincoln, Neb.; secretary, R. St. J. Perry, Farmington, Minn.; treasurer, T. E. Costain, Chicago. It is expected that the transactions will be published in pamphlet form. A large number of new members joined during the session.

The South-Western Ohio Eclectic Medical Association convened in regular session at Blanchester, O., Wednesday, Oct. 9, 1901. There was a good attendance and a lively interest manifested in the proceedings. The meeting was one of the best ever held by this society. Clinical material was plentiful. Prof. Foltz, of Cincinnati, presented three very rare and interesting cases for operation. The Association adjourned to meet at Lynchburg, Ohio, the second Wednesday in May, 1902. The following officers were elected:—President, T. E. Scott, M. D., Lynchburg; Vice President, W. K. Ruble, M. D., Martinsville; Secretary, W. J. James, M. D., Blanchester; Treasurer, Kent O. Foltz, M. D., Cincinnati.

An interesting meeting of the North Western Ohio Eclectic Medical Association was held at Lima, Ohio, Tuesday, Oct. 8th, 1901. There was a good attendance and the meeting was interesting and profitable. The following officers were elected for the next quarter: President, W. S. Turner, M. D., Waynesfield; vice president, R. W. Sharp, M. D., Buckland; secretary, J. J. Sutter, M. D., Bluffton; treasurer, R. W. Van Horn, M. D., Findlay. The next meeting will be held at Kenton, O., in January, 1902.

PERSONALS.

Dr. Kimmell Rauch, E. M. I. '99, formerly of Meyersdale, Pa., has removed to Homestead, Penn.

John E. Cutler, E. M. I, 1902, passed the local board for a temporary license to practice in the state of Texas last spring, and last month he was successful in passing the new Eclectic Board for a permanent license. He will practice in Texas another year before returning to college to graduate.

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MARRIED. At Dorchester, Mass., Dr. Pitts Edwin Howes and Miss Aldena Christopher. We extend our heartiest congratulations.

DIED—at Lincoln, Nebraska, Oct. 18, Prof. William S. Latta. Dr. Latta graduated at the E. M. Institute in 1854. He practised in Cincinnati three years, then removed to Nebraska.

Dr. Latta was recognized throughout the country as one of the leading physicians in the Eclectic school of medicine. He had served as President of the State and National medical societies. He was dean of the Eclectic department of medicine of the University of Nebraska, and while a member of the Legislature secured the first appropriation for the present laboratory of the State University. During the latter years of his life he was Dean of the Lincoln Medical College, an institution which he founded as a department of Cotner University.

READING NOTICES.

SIMILAR TO THE EFFECT OF SUNLIGHT.—The physiological-chemistry of antikamnia, in disease, exhibits analgetic, antiperiodic, antipyretic and antiseptic functions. Its antiperiodic tendency is similar to the effect of sunlight, though differently expressed. However, with antikamnia this latter function is materially aided when combined with other well-known drugs, such as quinine and the milder laxatives. The ideal combination I have in mind may be obtained in "laxative antikamnia and quinine tablets." To reduce fever, quiet pain, and at the same time administer a gentle tonic-laxative is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such a combination, I might mention la grippe, influenza, coryza, coughs, colds, chills and fever, and dengue with its general discomfort and great debility. These tablets administered in doses of one or two and repeated every one or two hours are a perfect antiperiodic in malaria, and perfect reconstituent tonic—an expression of solar life, light and energy in malarial anæmia. L. P. HAMMOND, M. D., in *Medicus*, May, 1901.

SANMETTO.—I put Sanmetto to a very thorough trial—thinking as I prescribed it, “now I will see.” I have case in old gentleman suffering from hypertrophied prostate, of long standing; had been giving “elix. saw palmetto comp.” etc.—substitutes of Sanmetto I take it—but with little benefit. Had advised castration as only method of relief. But to my pleasure, and I may say surprise, I noticed some little benefit following administration of a bottle of Sanmetto; bought another bottle—8oz.—gave that, and am giving it now, with decided benefit. I gave another bottle of it to a patient who had been taking huge doses of kissengen and vichy salts for obesity, on advice of another physician, until he had produced an irritation of his bladder, almost beyond endurance. Two days treatment with Sanmetto relieved him nicely, and a tablespoonful per day now controls it. I shall in future use only the “real thing”—no more substitutes of Sanmetto for me. **EDGAR I. BRADLEY, M. D. Elkhorn, Mont.**

A CORRECTOR OF IODISM.—Dr. W. H. Morse reports (Southern Clinic for May) success in the use of Bromidia, which he says has proved corrigental of Iodia. Discussing his results he says: Vomiting is so frequent and troublesome a symptom, in many diseases besides irritation and inflammation of the stomach, as to demand much practical attention from the physicians. So, although the causes are so various, and although we are actually treating a symptom, for this symptom Bromidia is remarkably effectual. We have all employed the remedy for colic and hysteria, two disorders where nausea and vomiting are as pronounced as they are persistent, and almost the first evidence of relief is shown by the disappearance of these disagreeable symptoms. It is quite as efficacious for the nausea and vomiting from ulcer or cancer of the stomach. There is nothing that will more quickly check the vomiting, and the hypnotic effect is quite in order.

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There were 4000 members and delegates at the recent meeting of the Thirteenth Internal Medical Congress in Paris. Of this number 2000 were Frenchmen, 750 Russians, 570 Germans, 350 Americans, 330 Italians, 220 Spainards.

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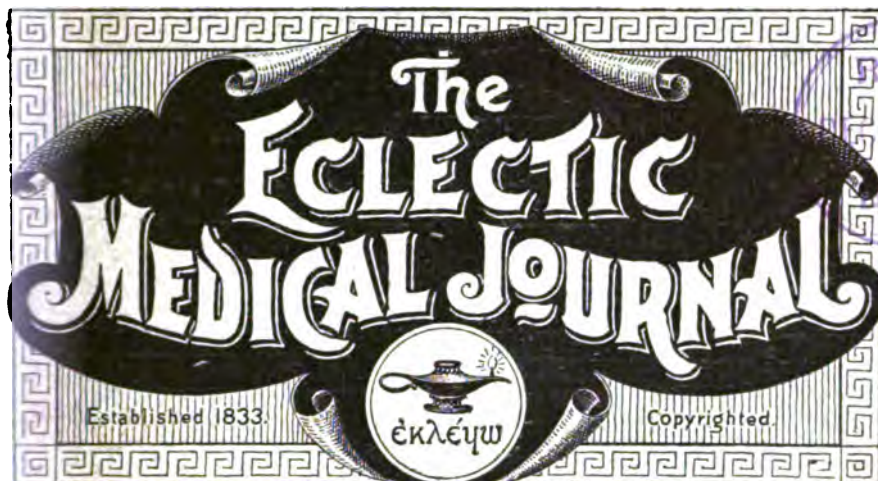
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MANAGING EDITOR.

Assisted by the Faculty of the Eclectic Medical Institute

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DECEMBER, 1901.

No. 12.

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VOL. LXI.

CINCINNATI, DECEMBER, 1901.

No. 12.

ORIGINAL COMMUNICATIONS.

ELECTRO-THERAPEUTICS.

By J. R. Spencer, M. D., Cincinnati, O.

[Continued from page 592.]

GALVANISM.—This form of electricity was named in honor of Galvani, an Italian, who first discovered it in 1780. Some writers speak of it as voltaic electricity, in honor of Prof. Volta, who discovered a new method of generating it, namely, by means of the voltaic pile. Galvanism is produced by chemical action, or the dissolution of metals by chemism. It is termed galvanic or current electricity, to distinguish it from static electricity, which is insulated or stationary. It should be stated at this point that all modern research verifies the conclusion that the different forms of electricity that are known as magnetism, Franklinic and galvanic electricity, dynamic electricity, electro-magnetism or magneto-electricity, are but different expressions for one force, and that it is simply a motion or a vibration of the universal ether.

Analogy and experience prove, in a large measure, that all chemical action is attended by the evolution of electricity, and that electric phenomena are incessant; that electric force is being generated everywhere; that it is manifesting itself throughout the entire universe, and that, owing to the want of a sufficiently delicate apparatus, its presence can not be detected and its quantity measured.

For the use of the medical practitioner a convenient device for the generation of electricity has been constructed; it is known as a battery. In this apparatus may be found certain metals and solutions which act chemically upon each other, producing the electricity. Batteries are composed of one or more cells; each cell is composed of

a cup containing two metals, one of which is nearly always zinc, the other metal may be one of several different kinds; usually copper, carbon or platinum is used. The solution that is most frequently used to produce the chemical action is sulphuric acid and water; a solution of sulphate of copper, bichromate of potassium, and many other liquids or combinations, are used by the different makers of batteries as agents to excite the chemical action. The manufacturers of the different batteries always send with each new instrument a formula for the solution to be used in it.

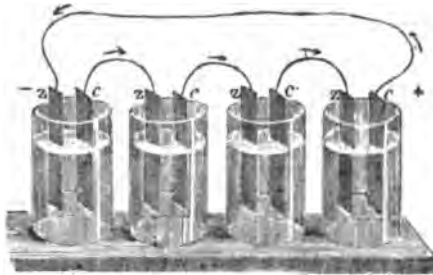


SIMPLE GALVANIC CELL.

The chemical reaction necessary to generate electricity in the cells of batteries will vary somewhat according to the elements and solutions used. It is not necessary in this article to study these different reactions, but a general idea can be obtained by studying the steps that take place when zinc and copper are used as the elements, and a solution of sulphuric acid and water is the exciting liquid. When these metals are placed in the acid, the zinc having a strong affinity for oxygen, will dissolve the molecules of water (H_2O), the oxygen will unite with the zinc to form oxide of zinc, the hydrogen will escape through the solution to the copper plate, pass along that plate and escape to the atmosphere; then the sulphuric acid will unite with the oxide of zinc, forming sulphate of zinc. At the time, and by the act by which the sulphate of zinc is formed, electricity is generated at the zinc plate; it then passes through the acid solution to the copper plate; when this plate is connected with the zinc plate by a wire, the electricity passes along the copper plate over the wire to the zinc plate, completing a circuit which is necessary for the activity and usefulness of an electric current. When the two plates are in contact or connected by wires, the circuit is said to be closed; when separated, the circuit is said to be broken or open.

As the electricity in a cell is generated wholly by the action of the acid upon the zinc, its quantity will be proportional to the extent of

zinc surface exposed to the acid. Considerable more electricity than can be generated by one cell will be needed in the treatment of disease, so galvanic batteries are constructed with a number of cells; if zinc and copper be the elements used, the copper plate of the first cell will be connected with the zinc plate of the second cell, and the copper plate of the second will be connected with the zinc plate of the third, and so on until the last cell is reached; the copper plate of the last cell will be connected with the zinc plate of the first cell, completing what is known as a compound galvanic circuit; the object being to obtain more zinc surface for the action of the acid. This can be better understood by observing the following cut:



When electricity is being generated in the cell of a battery, two opposite conditions of that agent manifest themselves, known as positive and negative electricity, marked with a plus (+) and minus (—) sign. The electricity leaves the cell over a wire connected with the copper plate, is known as + electricity, and passes on to the zinc plate where it is known as — electricity. There is less potentiality or tension at the zinc plate than at the copper plate, therefore the electricity flows from the copper to the zinc. Possibly a better understanding of positive and negative electricity might be gained by thinking of that condition of the current at the copper plate as having a potentiality above a certain state of equilibrium, while at the zinc plate the potentiality is below that state.

If the wire connecting these plates be cut, the current will cease to flow, but the electricity will exist at the cut ends of the wire in a static state. The amount of this static electricity will depend upon the strength of the original current before the interruption was made.

The interrupted galvanic current is produced by the successive opening and closing of a circuit during a continuous electrization.

These interruptions may be produced in various ways, such as by raising an electrode from the skin and replacing it again, or by any kind of an interrupting apparatus.

When the exciting fluid is an acid the elements in the battery must be removed from it when not in use, or the zinc will soon be destroyed. Most batteries are constructed in such a way as to make this an easy task. If the fluid or exciting agent be an alkali, the elements may remain in it all the time without injury.

After batteries have been in use for a considerable length of time, the current will get weak; they are said to have "run down." This condition is known as the polarization of the battery, and is a source of much trouble to the physician in his electro-therapeutic work. There are two causes for this condition: 1. The hydrogen gas that is liberated at the zinc plate by the decomposition of the molecules of water passes through the liquid to the copper plate and along it to the air; in time the copper plate will become covered with a film of this hydrogen gas; in this condition the copper plate is a very poor conductor of the electricity which passes over it in an effort to complete a circuit. On this account the current will be greatly weakened.

2. The hydrogen gas that accumulates on the copper plate has a strong affinity for oxygen, so it passes back to the zinc plate to unite with the oxygen found there, thus setting up counter currents or currents of polarization; these interfere with the flow of the electricity as it passes from the zinc to the copper.

The polarization of batteries can be overcome in several different ways: 1. Lift out the copper plate and brush its surface. 2. Agitate the exciting liquid in any manner; this will prevent the bubbles of hydrogen from adhering to the copper plate. 3. Use a copper plate having elevated points upon its surface, to which the gas bubbles will adhere, and from which they are easily dislodged. 4. Use a set of unpolarizable electrodes.

When sulphuric acid is used as the exciting agent in the cells of a battery, it is diluted with water; as soon as the sulphate of zinc is formed, it is dissolved in this water. The stronger this zinc solution gets, the weaker the current of electricity will become, and will cease to flow entirely when the solution becomes saturated. The battery will do no more work, until it is charged with a new battery fluid.

Acid batteries or batteries containing any liquid in considerable quantity are not easily carried from one place to another, which is necessary in treating patients in their homes. They are always in need of more or less care, as they will need recharging and repairing from the damage done by leakage, which is not uncommon and very annoying.

These facts have created a demand for dry-cell batteries, and as they are free from the above described annoyances, and have been perfected in their construction to a point of cheapness and usefulness, they have become quite popular with the general practitioner.

The dry-cell is constructed with zinc and carbon, to which is added chloride of ammonia and native peroxide of manganese, all of which is closed in a cover, or they may be made with zinc and chloride of silver.

These cells, with which the battery can be recharged, are manufactured by different firms, and can be bought rather cheaply. The length of time these cells will last will depend upon the amount of work they are asked to perform; the practitioner who has only an ordinary

amount of work for a battery, will be able to use a dry-cell battery of reliable construction, for two or more years.

The chloride of ammonia battery is cheaper than the chloride of silver battery, and is said to be as reliable and lasting. The ammonia batteries have some disadvantages; in common with most batteries, they polarize rapidly when in use, and when the water in the cell becomes saturated with ammonia, it escapes in a free state, and becomes a slight source of annoyance.

THERMO ELECTRICITY.—This is a continuous current of electricity that is generated by heat in connection with two parts of the same metal or by two different kinds of metal. When two different parts of the same metal are heated, electricity is generated; an example of this is seen when a wire is twisted and heat is applied at the point where the twisted and non-twisted portions come together, electricity will be produced; it can be detected by means of a galvanometer, an instrument which will show the presence of electricity. If one end of a bar of bismuth be soldered to an end of a bar of antimony and heat be applied at the point of union, electricity will be generated. If the other extremities of these metals be connected by a wire, a circuit will be formed; a galvanometer, placed in this circuit will show that, when the heat is applied, a current of electricity will flow from the bismuth to the antimony. Should the point of union of these metals be chilled by the application of ice, a current of electricity will also be produced, but it will flow in the opposite direction, that is, from the antimony to the bismuth. These two metals soldered together, form what is known as a thermo-electric pair. By their use, thermo-electric batteries have been constructed; the heat is furnished by a gas burner or an alcohol lamp.

The experiment of constructing this kind of a battery for therapeutic use has proven to be a failure, as it is expensive, bulky and untrust-worthy.

(To be continued.)

TREATMENT OF CONTINUED FEVERS.

By Benj. L. Simmons, M. D., Granville, Tenn.

RECENT literature does not show a very marked improvement over former literature in the treatment of continued fever. Now as formerly the therapist does not individualize, but looks to the conglomerate entirety of symptoms, except perhaps in the administration of anodynes, astringents, etc.

This writer feels sure that a far better way of treating the continued fevers, as well as every other disease, is through pathologic specializations. In other words, treat special pathologic wrongs with special or specific remedial agents.

A nosologic disease, not having a definite pathology, can not be treated by name, but on the contrary, it must be analyzed into condi-

tions or elements, and these respectively treated. Continued fever is a disease not having a definite pathology, and hence the writer insists that each case must be analyzed and treated elementally. Were its pathology definite, then one could, according to his fancy, affirm that the iodides, or the salicylates, or the expectant plan, or the Woodbridge supposed eliminative method, etc., affords the best treatment. As it is otherwise, the physician should separate each individual case into its elemental conditions, as to symptoms, and treat them. Therefore, if he finds the iodides indicated he prescribes them; if the salicylates, he prescribes them; if eliminatives, why he prescribes them of course, etc.

In this connection it would be well to state that a continued fever cannot be puked out, purged out, sweated out, or strained out through the kidneys. Great as are these emunctories, important as they are to the human economy, they can not remove all sorts of poisons from the body, even if artificially stimulated to increased activity. These emunctories, however, should have the needed attention, and only such attention as they need.

The stomach should be put in as pleasant condition as possible for the kindly reception of food and medicines. Emetics should only be used when evidence of morbid matters or irritating products are present in the stomach, as manifested by gastric symptoms. Catharsis should be induced when there is evidence of a loaded alimentary canal; if no such evidence exists, then it should be avoided. Resort to clysters, in order to evacuate the bowels, should be the practice, generally speaking, in all other cases.

It matters but little with me—I mean the extent of the teaching as it resounds from the Philippines to Cuba, from New York to San Francisco, to wit: Keep the idle, treacherous liver in duty. Cathartics will not keep the liver in line, while they do disturb the alimentary tract and enhance the already existing tendency to diarrheal complications. In a continued fever, so long as the bowels remain passive, the safety of the patient is not endangered from that source; but when diarrhea supervenes, there is danger to the extent of their activity.

The skin should be cleansed with frequent tepid sponge baths. Some rare cases are benefited by the application of oleaginous preparations. Diaphoretics to produce diaphoresis should not be administered. Such a procedure, as a rule, increases the turgescence of the skin (and hence the temperature), the excitation of the patient, and invites nervous complications, thereby diminishing the chances of recovery.

Diuretics to force the kidneys should be avoided. Expect the urine to be scanty. He is an ignorant practitioner who would attempt to force an increased quantity of urine when the scant urine is not a result of a kidney wrong, but of extraneous morbid influences.

The observant doctor has many times seen the evils of forceful diuresis in these fevers. He has seen the kidneys totter under the strain

produced by them; he has seen such renal errors retard convalescence. The writer once treated a most severe suppurative nephritis as a result of persistent use of forceful diuretics during an attack of continued fever. The patient had received abundantly, during the febrile attack, turpentine and nitre. Overwork of these organs produces uremic intoxication, and speeds the patient to the silence of death certainly, and the thoughtful physician will see to conserving them, as well as guard the life force in every other particular.

I reiterate: treat the special pathologic conditions in this fever, and do so with the special remedies respectively antagonistic to each. When the grasp of such conditions is broken, the stomach, the bowels, the skin, and the kidneys return to normal function, and the patient, previously healthy, rapidly convalesces.

[To be continued.]

LA GRIPPE.

By Newton G. Vassar, M. D., Ridgway, O.

THE subject herein presented is indeed not a new one. Every journal of medicine contains one or more grippe articles, and as many theories and treatments as there are different writers. But I presume that all who write have had experience amply sufficient to enable them to express themselves in such a way that one who reads may learn some point or some new idea not his own.

I think it is correct to class *la grippe* as a catarrhal disorder. We all know the symptoms—fever, great prostration, some pain in the head, back and limbs, marked nervous phenomena, and a catarrhal condition of the gastro-intestinal tract. The catarrhal condition may be limited or affect all the mucous membranes to the same extent. Every muscle is sore, the whole body aches, and the eyeballs are red, sore and watery; the ears often ache, the nose may bleed, the throat is sensitive. At one time, in the absence of pathological knowledge, with the rapid spread of the disease from continent to continent, the influence of the stars was supposed to be the causative factor in the rapid spread of the disease; hence the name *influenza*.

La grippe has prevailed for several centuries, being described as early as 1323 to 1325. Many epidemics are historical, many conjectural, but the epidemics in this country in 1831, 1847, and since 1889, are too well recorded to leave any doubt as to the similarity of each. During some of these epidemics *influenza* has extended over the entire globe. It has traversed the whole of Europe in a month's duration, and the rapidity of its flight is remarkably characteristic; hence the German name "lightning." At times it has figured in expressions of national prejudices; the French calling it the "Italian fever," and the Italians on the other hand terming it the "German disease;" the Germans repudiating this by alluding to it as the "Russian pest;" while the latter passes it along as the "Chinaman's catarrh." It is

likely that the majority of these epidemics have originated in Russia and the far east.

These epidemics usually occur in the winter months, though they do not differ much from those that appear at other seasons of the year; but local conditions, as damp, cold and foggy weather, or such conditions as would be a prolific cause of colds, would help to disseminate it by rendering the system more liable to invasion. This is more clearly shown by the local conditions tending to produce diarrhea, dysentery, [and the spread of Asiatic cholera.

No class or age seems exempt, although some claim that children are less susceptible to its influence. In regard to this I disagree, for I find that when one member of a family is stricken with la grippe the rest of the family, old and young, are sure to be afflicted with the same disease. When such proves itself time after time in our own experience, we can not help but believe that influenza is infectious, but as to its causative germs we know but little. Yet we all know that what will influence a mucous membrane in one part of the body will influence a like mucous membrane in another part, and what may cause an inflammation in one person will cause it in another, if the other, by the same conditions, surroundings, etc., is susceptible.

We find the mucous membrane, whether of the gastro-intestinal or respiratory tract, congested—the sudden onset of la grippe—great prostration and catarrhal features, and these are usually sufficient to demonstrate a case of influenza, but after an epidemic is well under way no mistake should be possible.

It is hardly necessary to go further into the details of all symptoms, complications and conditions, for with our specific symptomatology and direct therapeutics, and our excellent materia medica, the up to date "specific medicationist" is well armed to combat every symptom as it may arise. He knows what to do, and how to do it well; and most of us who practice specific medication use a remedy as indicated, yet some may use it in a different way, in a different form and dose. The common plan among eclectics is to use so many drops of Lloyd's specifics to four ounces of water, of which a teaspoonful is given at a dose. A few use simple syrup or syrup and glycerine, some a saturated tincture made from the specific fluid dropped on homeopathic discs. I usually add the number of drops of the indicated remedy at hand to half glass of water when prescribing at the bedside, but for office prescribing, whether for la grippe or the cough following, make use of methods which I will describe after we have prescribed at the bedside.

The treatment, if we are called early enough, should be abortive. We will seldom fail in our object if we stick to the line of specific medication as the basic treatment; and in the most stubborn cases we can at least modify some of the suffering and symptoms, and the patient be no worse for the attempt. Diaphoresis should be induced by the alcoholic vapor bath, together with such remedies internally as ascle-

pias, jaborandi, or serpentaria, as seem indicated. In some cases we might give the old diaphoretic powder, or Dover's powder, say five to ten grains, but in most cases the stomach will not tolerate the opium. Some cases do well for a few hours on the old composition powder made into a tea and drank as fast as the patient can take it; the patient meantime should be well covered up, while the hot drinks will assist the diaphoretic action of the drugs. Large doses of quinine never did well in my hands. All depressing remedies should be avoided, yet if depression is not too great, antifebrin or acetanilid compound, a powder every four or six hours, proves a valuable adjunct.

After a few hours of diaphoresis, the patient should be started on the indicated remedy. *Sp. aconite* and *bryonia* fit some cases if the febrile conditions are high, or specific *veratrum* and *bryonia* if the pulse is full, pain great; but the two specific remedies most often indicated will be *bryonia* and *gelsemium*. These are given according to the law of specific medication; yet some few cases do better on *belladonna* and *bryonia*. If the patient is dull, pulse weak, extremities cold, and capillary circulation enfeebled, *sp. ergot* in small dose may be added. *Spec. jaborandi* if the pulse is full, skin dry, throat dry, ears affected; or *sp. sanguinaria* with burning and tickling in throat, this sensation running up the eustachian tube to the ear, with frontal headache, etc.

For the muscular pain and soreness specific *macrotys* or specific *aruaica*; a rheumatic wandering, *sp. eupatorium*, or *apocynum* with *jaborandi*, will be found good. In convalescence, when we wish to get rid of broken down debris, then *sp. apis* and *apocynum*, for their influence on the kidneys, will be indicated, as will also sulphite or phosphate of soda, or sometimes the mineral acids, if indicated by the deep red tongue. If the gastric irritability is troublesome from the start, *sp. rhus tox.* with the *aconite* should be given, together with milk as the principal diet for the first few days. The *rhus* and *aconite* will help to relieve the coryza and frontal pain.

In the treatment of the respiratory symptoms we are guided by the nature and extent of the lesion. Here the troublesome cough must be met by the indicated remedies well chosen and put up in a pleasant, palatable manner. Ready made or hand-me down cough syrups are in great demand by most physicians, especially of the old school. In fact, such cough remedies are the only thing with most of them. I mean here those cases which have troublesome coughs after acute symptoms have subsided; or those cases able to come to the office for prescriptions; we need a better way than a routine cough mixture. I never use any proprietary or hand-me down cough syrup, or give any special nostrum in any case of cough whatever; and I assure you that my experience with other methods points out a better way, and if you will try that way, you will get results that will please you.

Since I have been carrying a full line of Lloyd's specifics, and pre-

scribing them as I am telling you in this article, my success has been better, my drug bills lighter, and my prescribing and dispensing more interesting.

Now for office dispensing you will want a general menstruum to start with, so that you can add your indicated specific to this, whereby you will have a nice, pleasant mixture agreeable to your patients, and can be put up at your office without much trouble, expense, or loss of time. You want something more than ordinary syrup, something more than water, and here it is: Take four pounds of pure granulated sugar, seven pints of water, and one pint of alcohol. Dissolve the sugar in the water and add the alcohol; then add solution of cudbar berries, one or two drachms; oil of orange one-half to one ounce. This makes a very pleasant elixir with a beautiful color, and sells by some drug houses at \$1.50 to \$2.50 per gallon, while you can make just as nice for 75c. You can color it a purple to deep red as you like by adding more cudbar. This will make you one gallon of as nice syrup as one could wish, and having it in a gallon bottle it is ready for use.

But we do not always want to use the same kind of elixirs, so in another gallon bottle have put up the same amount of syrup as above and add one pint of glycerine instead of alcohol; now add your oil of range, anise or lemon if need be, by mixing oil lemon with syrup and citric acid. This will be bottle No. 2.

The third, and a very useful one too, especially to meet cases with a red tongue and irritable stomach, can be made as follows: Take syrup made as above six pints, add two pints of pure cider vinegar, and color and flavor to suit. This will be bottle No. 3, and may seem to you a queer mixture, but if you will try it you will be well pleased. It is compatible with most specific fluids.

With these syrups or elixirs at hand and ready for use, together with a full line of Lloyd's specific medicines on the shelf, you are able to combat the cough of la grippe, or indeed any cough, and in a way that will be pleasant and profitable to yourself and a benefit to your patients. Then it will furnish a mental training in the use of drugs by specific medication that one can get in no other way. To make matters still more plain, let me illustrate by giving a few of the many ways in which you may make a nice cough syrup.

Here is a case: The cough of la grippe, or any cough, is rasping and explosive; the trachea and its bifurcations being principally involved, pain sharp. R—Sp. bryonia gtt. xx, elixir No. 1 $\bar{\text{z}}$ iv. M. A teaspoonful every hour or two. Or if pleurisy is present, pulse full, with bronchia involved as above. we prescribe: R—Sp. bryonia gtt. x, asclepias $\bar{\text{z}}$ j, veratrum, gtt. x, elixir as above q. s. $\bar{\text{z}}$ iv. M. One teaspoonful every two hours.

In acute cough with dryness and tickling, constant irritation, it may be a sedative cough mixture is needed. Here we would use—R—Rhus tox. gtt. v, oil anise gtt. x, sp. aconite gtt. x, paregoric $\bar{\text{z}}$ ss, with enough of elixir to make $\bar{\text{z}}$ iv. M. Teaspoonful every two hours.

Then again when there is wheezing, dryness, cough rasping and persistent, absence of abundant secretion, pain under shoulder and in back of head, smoky appearance before the eyes, heart weak, add *sp. sticta* gtt. xxxij to above.

When cough is persistent at night we prescribe: R—*Sp. jaborandi*, *sp. serpentaria*, *sp. stillingia*, *aa.* 3j, *sp. lobelia*, 3ss, elixir q. s. ad 3iv. M. One teaspoonful as needed for cough. If tongue is red and calling for an acid, then elixir No. 3 will act still better.

Now all this is treatment applied to la grippe from start to finish; but if you wish to put up just a cough medicine for common colds, or in other words extemporaneous prescribing, then by using any one of the above elixirs you will have a good way. To illustrate:

R—*Sp. prunus*, *sp. pinus*, *sp. yerba santa*, *aa.* 3j, *sp. suney* 3ss, any of the above elixirs q. s. to 3iv. M. You can add a few drops of chloroform or some morphine as you like, or use some fluid extract licorice, and see what a nice cough mixture you will have, and one that will give you good results. The results are certain, for you are using reliable and full strength medicines when you use specific medicines.

When one tries the above methods he grows into a habit of fixing up his own prescriptions, especially his own cough syrups, and doing so too at a time when you have your patient before you, a map to go by. Of course in respiratory troubles you will vary much now and then, sometimes adding a stimulating expectorant, again a sedative, etc., just to fit the case before you. Some cases require a little muriate or chloride of ammonium added; then again another a little chloroform or paregoric; at another time glycerole of tar and wild cherry, and so on down the list, but always keeping in mind the main specific as a basic treatment, for the specific fluids are uniform in strength, certain in action, and handy to prescribe.

Well, I must close, lest I become wearysome, but I hope you may judge me as practical, for my methods and means are generally original, as I have my own way of doing my practice, doing my own thinking, and proving all things by the results, and using the best—hence eclectic in fact.

DISEASES OF THE SWEAT GLANDS.

By E. H. Moore, M. D., Rew City, Pa.

MILIUM—ACNE ALBIDA—TUBEROULA SEBACEA.

MILIUM is a small, round, tumor-like mass, yellowish-white in color, situated beneath the epidermis and enclosed in a delicate cyst.

Symptoms.—These little white tumors usually appear on the eyelids, or cheeks of the adult. They are generally about the size of a millet-seed, but may be either larger or smaller. They are firm to

the touch and slightly elevated above the level of the skin. In time they become calcified. The usual seat of this disease is the face, but it may appear on the penis or scrotum.

Etiology.—This is a disease of adult life, appearing more frequently among women than men, the inequality of distribution perhaps resulting from the fact that many of the former powder their faces.

Pathology.—The orifice of a sebaceous gland becomes closed, sebum accumulates, which cannot escape, hardens and becomes inclosed in a cyst.

Diagnosis.—The size, color, slow growth, chronic non-inflammatory character, and locality, are sufficient means by which to distinguish it from any other disease.

Prognosis.—The disease is very chronic, and perfectly harmless except as it mars the appearance of the patient.

Treatment.—Applications and medication are generally too slow. A sharp edged needle should be passed through the epidermis and cyst, directly over the tumor, after which gentle pressure will expel the contents, which can easily be accomplished without drawing a drop of blood.

COMEDO—BLACK HEADS.

This disease is fully described by the name black heads.

Symptoms.—Comedones make their appearance about the time of puberty. Their location is usually on the face, neck or back. They are slightly elevated, about the size of a pin-head, sometimes larger, with a black point at their summit corresponding to the orifice of the duct. They may be scattered or quite numerous and closely set. Sometimes, when two are very close together, there is a communication between them and the contents of both glands can be expelled from one opening. When their contents is removed, it looks like a small worm, and is regarded as such by a great many of the laity. Where these points appear in great numbers close together, they give the part a dirty, greasy appearance. There is no inflammatory conditions connected with this disease, but acne is often associated with, and perhaps grows out of this glandular derangement. No subjective symptoms are present, nor disturbance of the general health.

Etiology.—Comedones appear at or after puberty, equally in either sex. It is perhaps excited by the increased activity of the skin at that period, or it may, in some cases, result from some form of external irritation.

Pathology.—This disease is the result of retained sebum in the sebaceous glands. The dark point is undoubtedly an accumulation of dirt, but some claim it is pigment. The latter is perhaps the nicer thing to tell the patient, yet if it is dirt, it is not by any means a result of uncleanness. The contents are composed of sebum, epithelial cells, hairs, dirt, and sometimes the demodex folliculorum; while the latter is sometimes present it is not considered causative.

Diagnosis.—Comedo is known by its non-inflammatory, punctated appearance. The black point at its summit is conclusive evidence of its nature. Acne is inflammatory, milium white, has no orifice or black point, and cannot be removed without an incision.

Prognosis.—The general health does not suffer. If not treated, acne may follow. Its presence is somewhat detrimental to the appearance when located on the face. It is amenable to treatment, but is subject to relapse.

Treatment.—This disease may be accompanied by some disease that needs internal treatment, but not caused or prolonged by it.

Local Treatment.—Wash the face with hot water, soften the skin with oil or vaseline, remove the contents of the glands by pressure of the fingers, with a watch key, or with an extractor. They may, if deemed necessary be nicked with a sharp-edged needle, to facilitate their removal. After the glands have been emptied, wash the face again with hot water and apply brisk friction with a rough towel, to prevent their return. Various unnecessary, stimulant lotions are recommended, which are not only of no service, but may serve as an exciting cause for some other disease.

POMPHOLYX—DYSIDROSIS.

Pompholyx is an acute, vesicular eruption, affecting the palms of the hands, between the fingers, soles of the feet and between the toes. It is a sequence of hyperidrosis, being due to decomposition of sweat within the glands, which in turn induces inflammatory changes in the glands and ducts. The vesicles at first are small, discrete and deeply imbedded, their contents being clear, but they soon become white, enlarged to the size of a sago grain, which they very much resemble, and rarely coalesce. These vesicles disappear in a few days either by absorption or rupture and escape of their fluid. The epidermis involved then peels off, leaving the surface more or less irritated, but always dry. The vesicles are at no time surrounded by any redness of the skin. No general disturbances accompany this affection. There is some pruritus, a slight tingling and an occasional feeling of tension.

Diagnosis.—This disease resembles sudamina, but the latter lacks the subjective symptoms. Eczema is surrounded by an areola, and leaves an exuding surface which is soon covered with yellow crusts. It is further marked by having more severe subjective symptoms. Pompholyx is symmetrical.

Etiology.—This disease is probably of nervous origin. It may occur under most any condition, but is generally found among debilitated subjects. It is more common during summer and during middle age, when it appears in winter, it is usually due to artificial heat.

Pathology.—The glands and the ducts are inflamed. The deposit of serum which forms the vesicle, is in the rete mucosum.

Prognosis.—Recovery even if unaided. Relapses may occur.

Treatment.—Internally Fowler's solution, strychnia or the mineral

acids, with the aid of good nourishing food. Locally, soothing lotions may be used, or dusting powders, but they are not essential.

SUDAMINA—MILIARIA.

Sudamina is a functional disorder of the sudoriferous glands, characterized by little, pearly vesicles, about the size of a millet seed, from the comparison to which, it derives the name of miliaria.

Symptoms.—These vesicles appear as a result of rapid exercise, interference with evaporation, exposure to excessive heat, or steam, or are due to some exhausting disease, such as phthisis, pneumonia, or one of the severe fevers. The locations principally affected, are the face, neck, arm-pits, chest and groin. Miliaria has the appearance of small droplets of water lying on the surface of the skin, and are always discrete. There is no local inflammation, and there are no subjective symptoms except an occasional tingling, or possibly a feeling of slight tension. Occasionally there will be a little extravasation of blood into the sweat glands, giving a pinkish color to the vesicles, which constitutes, according to some writers, the difference between the names miliaria and sudamina, the latter name being given to the colored vesicles. New vesicles may appear as the older ones are drying up, or there may be successive crops, or only a single eruption, these conditions being entirely dependent on the continuation of the exciting cause. The vesicles individually disappear in the course of a week or ten days, by absorption. The overlying epidermis dries and scales off, leaving no mark of its former existence. This disorder is always accompanied by copious perspiration.

Etiology.—Sudamina appears in any age and sex, resulting from some form of an excess of heat, and is most commonly met with during the course of some grave disease.

Pathology.—The ducts of the sudoriferous glands become clogged and the natural excretion continues to accumulate, distending the upper layer of the epidermis, which acts as a covering to the vesicles.

Diagnosis.—The diagnosis of sudamina is very plain. The vesicles are always accompanied with profuse sweating and a history of unusual heat from some cause will be found. There are no indications of local inflammation and no subjective symptoms of importance. The vesicles are discrete and disappear by absorption and desquamation, never becoming pustular, or forming crusts.

Prognosis.—The vesicles will disappear in a week or ten days, whether treated or not, but may reappear if the cause still exists.

THE RATIONAL TREATMENT OF TYPHOID FEVER.*

By W. N. Mundy, M. D., Forest, Ohio.

WE have often heard it said there is nothing new in medicine, especially in therapeutics. I believe this is true, unless we except serum therapy and the introduction of some of the synthetic

*Reprinted from Transactions National Eclectic Medical Association, 1901.

compounds. And, if I remember aright, serum therapy was known, in a measure, to the ancients.

My object, however, is to attempt to illustrate to you, by the recitation of cases, what we understand by a rational treatment of typhoid fever and, at the same time, "specific medication."

We have often read and heard physicians say that there are no specifics in medicine. If they mean, a remedy for a disease, we accept the proposition. Yet, many of these physicians say antitoxin will cure diphtheria, tuberculin, tuberculosis; antivenene, poisonous bites; thyroid extract, cretinism, etc. If that is not a specific for a disease, we do not understand the term. We do not speak of specifics in the same light. What we mean is, as is so often stated, a remedy for a certain diseased condition, no matter what may be the disease in which the condition is found. Or, given the same conditions in any disease, the same remedy ought, all things being equal, to remove the condition. For instance, a patient has a flushed face, bright eyes, contracted pupils, great restlessness, we give *sp.gelsemium*, with confidence that it will relieve the condition, no matter by what name the aggregate of symptoms presented by the patient may be called.

Taking it for granted you will agree with me in my premises, we fail to understand how anyone can advocate a certain line of treatment, or hard and fast rules for the treatment of a disease presenting such a multitude or complex array of symptoms as typhoid fever.

We hear frequently, probably not quite so frequently as formerly, of the Woodbridge treatment of typhoid. The originator of this treatment has three tablets, which he gives indiscriminately to all patients on certain days of disease, no matter what the condition of the patient. These tablets fulfill all the indications, they are antiseptic, laxative, diuretic and diaphoretic. Thus, with one fell swoop, he would knock out typhoid fever. But do all cases need a laxative? We think not. Have you not seen a patient, who had a slight diarrhoea for several days before calling the physicians? We have seen it prove fatal in ten days.

Another mode in vogue, and we have seen it tried many times, is the routine use of rectal injections. We have seen men and women worried and almost tortured to death by their use. We can readily recall the case in which an injection would be used with success, and as readily can we recall the case in which their continued use is paramount to malpractice. We believe we have seen people literally washed out of the world by their continued use. Another says sulphocarbolate of zinc is good in typhoid, and proceeds to give it in all cases. It, too, has its place, but should not be used in all cases. Let us look at some cases of typhoid as we have met them in practice, and thus outline our treatment.

In case one, the patient has a temperature of $102\frac{1}{4}^{\circ}$ F., pulse full and strong, at 72, expression dull, pupils dilated, patient stupid; bowels have not moved for three or four days; pain and tenderness

over the entire abdomen ; can almost outline the entire colon ; tongue broad and covered with a white coat. For this patient injections were ordered. It required several before the bowels were moved ; result, five or six passages. Internally, we alternated *sp. belladonna* and sulphite of soda. This patient's fever ran a typical course of twenty-one days. Several times injections were needed and the remedies internally varied from time to time as the condition changed. Contrast this with the following :

August 17, 1890, I was called to see a young woman who had had a chill the 15th, 16th, and 17th. Tongue covered with a white fur, nausea, headache, bowels loose ; temperature, 103° F ; pulse, 112 ; face flushed. By the 20th, three days after our first visit, we note from our case book, the patient had five diarrhoeal passages. It appears to me that a continued course of rectal injections in this case would have been suicidal. The patient was given *sp. gelsemium* alternated with sulphite of soda. The case ran a course of twenty-four days before the temperature became normal.

Still another case. Was called November 10, 1890, to see a young man. He had had a chill the day before. Was now complaining of aching in the limbs, back and head. Tongue only slightly coated ; urine highly colored ; bowels constipated ; temperature, 102° F. ; pulse, 84. The bowels were moved by means of an enema, and the patient given, internally, *sp. aconite* and *macrotys*. On the 14th he had four diarrhoeal passages, no pains or aches, tongue red with a dark fur in the center ; temperature, 105° F. ; pulse, 80. Prescribed sulphurous acid in alternation with *sp. baptisia*. His temperature reached normal on the 27th, the seventeenth day of the disease. From the 12th to the 27th he had from one to five diarrhoeal passages daily. About the 16th he was flighty, when *sp. gelsemium* was added to the *baptisia*.

Case 4.—Was called March 5, 1891, to see a lad seven years old. The boy was flighty and his only complaint was headache. His face was flushed and he was exceedingly restless. His temperature was 104 degrees, pulse 148 and weak. Prescribed *sp. aconite* and *gelsemium* alternated with *sp. asclepias tub.*

March 7 he was semi-conscious, picked at the bed clothes. The tongue was dry and brown, pupils dilated, bowels tympanitic, one passage, natural in appearance, temperature 103 degrees, pulse 136. Prescribed muriatic acid alternated with *sp. belladonna*.

On the 8th he rested better, tongue still brown but moist. On the ninth he developed a diarrhoea, and from that time until the 24th he had from one to five diarrhoeal passages daily. April the first crepitant rales developed over the left lung and the patient had some cough. *Sp. bryonia* and *ippecac* were alternated and by the fifth he was better. Recovery was rapid from that date.

Case 5.—Was called September 19, 1898, to see O. S., a boy 13. His temperature was 104 degrees, pulse 104. Complains of head,

back and limbs aching, bowels, a slight diarrhoea. Prescribed sp. aconite and gelsemium alternated with sp. ipecac.

September 24.—Four thin passages today, coughs some, crepitant rales heard in the right axillary region. Temperature $104\frac{1}{2}$, pulse 108. Gave sp. aconite and gelsemium alternated with sp. bryonia and ipecac.

September 30.—Six thin passages. Crepitant rales over both lungs, bowels tympanitic, low muttering delirium, inclined to slip toward the foot of the bed. Temperature $103\frac{1}{2}$ degrees, pulse 104. The prescription was the same save belladonna was substituted for the gelsemium.

October 14.—The right elbow is considerably swollen, painful and tender, the tongue is clean, one passage by means of an enema, some appetite. Temperature 100 degrees F., pulse 120. Sp. macrotys was alternated with bryonia and nux. There were no further complications and the patient was discharged Oct. 23.

One more case and we are done. September 18, 1900 called to see G. N., he has been sick since the 12th. He complains of aching and being tired. Has chilly sensations, epistaxis, anorexia, bowels are tympanitic, tongue red with a yellow fur. Temperature 103 degrees, pulse 80. Has been using injections of a decoction of slippery elm bark every three hours. He was given sp. gelsemium alternated with echafolta. September 21. He has had nine diarrhoeal passages during the past twenty four hours, has also had some epistaxis, other conditions about the same. Temperature 103 degrees F., pulse 84. Continued the same treatment. From this date until October 10 the passages varied from one to six daily. Sudamina were seen quite thick on the abdomen on the 26th of September, the fourteenth day of sickness. At no time was there any impairment of the intellect. Treatment was daily baths of tepid soda water once or twice daily according to the temperature, and internally echafolta alternated with sp. gelsemium and later sp. nux.

We might prolong this paper, to an indefinite length, but believe we have made our meaning clear and exemplified what we understand as a rational treatment of typhoid fever and what we understand by specific medication.

We believe this to be the only system of therapeutics possessing any certainty. It is the only one that approaches in any degree toward a scientific basis. All physicians are coming to the same conclusion. Review any book on practice and you will note there is this same tendency to prescribe for conditions, instead of a name. It is simply a leaven that will ultimately leaven the whole lump.

ECHAFOлта.—A CRITICISM.

By Lyman Watkins, M. D., Blanchester, O.

A READING of the proceedings of the National Eclectic Medical Association and other Eclectic medical bodies of 1901, will show that echafolta has received extensive consideration. This is as it should be, for new remedies can reach their proper position in the materia medica only after numerous experimental trials in the practice of many and different physicians. At present echafolta is altogether too highly extolled, and cannot fail to fall below expectations raised so high by the many writers who extol the superexcellent virtues of the remedy. This will cause an unjust condemnation of the drug.

According to some contributors, echafolta will cure everything from syphilis to an abrasion of the cuticle; while diphtheria, typhoid fever, phthisis and pyemia are so readily relieved by the medicine that they are no longer to be feared. The fact of the matter is, that while there is no better remedy than echafolta for acute septic conditions, whatever their nature or extent, the drug is of no special benefit in chronic states of like nature. Echafolta is of no value whatever in the treatment of any stage of syphilis. This statement may appear somewhat dogmatic, but can be substantiated by incontrovertible evidence. Nor is the remedy curative in gonorrhea, when administered internally or used as an injection. Whatever good may appear to have come from the use of echafolta as an injection in combination with sulphate of zinc and sugar of lead, is entirely due to the two latter ingredients. This can readily be proven by using diluted echafolta alone as an injection in gonorrhea. Valuable as echafolta is in other fields, it is useless in the treatment of venereal diseases.

As an aphrodisiac, nothing comes from the use of echafolta, and the temporary effect of local applications, so much vaunted, are now no longer worthy of anything but ridicule. In states of chronic blood depravation, echafolta does not excel nor equal in effect the older remedies, pot. iodide, phytolacca, or iris; while as a general tonic it does not compare with strychnine, arsenic, iron, nux, or hydrastia.

Echafolta is not excelled in the treatment of acute septic infections, including bites of poisonous reptiles and insects; and this, for the most part, covers its field of usefulness, and is surely as much as should be demanded or expected from a single remedy. Because echafolta is efficient within its limitations many physicians seem to be under the impression that the remedy will relieve almost every morbid condition that may arise in the human body. One of the writer's professional friends purchases echinacea in gallons, and rare is the patient that does not receive some of it in his medicine. The doctor says that he uses echinacea "internally, externally, and eternally"—a rather expressive fad—besides, while echinacea is sometimes useful, and some-

times useless, in other cases it may be harmful, for care should always be taken in the administration of remedies which are so prompt, energetic and powerful as echafolta and echinacea.

That echafolta is of much value as an intestinal or general antiseptic in typhoid fever, requires much more evidence than yet offered, while as a cure for diphtheria, phthisis, and other serious affections, it is not available. Echafolta will in time find its true position in our armamentarium, but overestimating its powers will not aid but rather retard a final disposition of this remarkably efficient remedy.

A GINSENG GARDEN.*

By John Uri Lloyd, Cincinnati.

WHEN the American Pharmaceutical Association met in Kansas City, in 1881, Mr. Huber, of Fond du Lac, Wisconsin, consulted the author of this paper regarding the cultivation of ginseng. The firm with which he was connected was much concerned in American roots, barks and herbs, and Mr. Huber thought of fortifying the wild ginseng by that grown in cultivation. He presented the author of this paper with a package of seed, and we talked over the possibility of the venture. So far as the writer is concerned, he does not know that Mr. Huber did anything more in that direction, although if memory does not fail, he stated at the aforementioned meeting that he had not been successful in practical propagation. During the recent year or two this subject of ginseng cultivation has been again agitated and it is now taking quite a hold on the thought of persons engaged in developing the resources of our country. Indeed, the problem is an important one, for we all know the value of ginseng as an article of exportation to China.

In March, 1885, the author of this paper called attention (in a supplement to *Drugs and Medicines of North America*) to the use of ginseng in China, and although that phase of the subject is not directly connected with our article, we presume to introduce herein the note referred to. By reason of its past and present interest and also by reason of the fact that this supplement to the publication mentioned is entirely out of print, the data should be recorded:

The Use of Ginseng in China.—The following letter from Mr. Kwong Ki Chin, a highly educated gentleman, and former professor of the Chinese language in Yale College, is of special interest on account of its reliability. It was written to us in 1881, in reply to our inquiries on the subject.

"The Chinese physicians make frequent use of ginseng root, particularly in Canton province, but do not regard it as a panacea. The fact and occasions of its use are quite familiar to me from having studied and practiced medicine for some time in China.

The Chinese ginseng grows in but few localities, is very scarce, and commands a high price—the best commanding a hundred times its

* Read before the American Pharmaceutical Association, St. Louis, Sept. 1901.

weight in silver, and from that down to half its weight, according to the locality where it is grown. The native root has different and more tonic properties than the imported. We think it strengthens the breath and sometimes saves life. The emperor and his friends consume nearly all the high-priced native product.

Doubtless the medicinal value of the plant is exaggerated, and the popular belief in its virtues heightened by the example of the imperial family and wealthy persons in using it.

That imported from America is considered to have cooling properties and to be especially useful in yellow fever and inflammation of the bladder. It is also given for tenderness and enlargement of the liver, and whenever the urine is high colored. It is also considered to promote the discharge of urine. Sometimes persons who have taken liquor to excess, eat a little of it with benefit to relieve the tipsy feeling. We regard it as opposite in properties to ginger-root and cinnamon. It is not used for incense.

You are at liberty to mention my name in connection with the statement, if you desire."—*Addenda to Drugs and Medicines of North America, 1885.*

As is well known, the section of country about Cincinnati, the heavily wooded Ohio Valley, was (and is yet a factor) the chief source of ginseng supply. But as the woods have been mostly cleared off and the thickets cleaned out, this plant, which never grows in beds and is always very scattering at the best, became scarcer and scarcer, until now it is nearly in a condition of extermination.

During the time the section of country in which the root was indigenous was producing large quantities of ginseng, the hills and knobs of Boone (Stringtown) county, Kentucky, were wooded, thickly underbushes, the soil was rich, and there the ginseng grew to perfection. But things even here have changed. The great knobs are bare, the woods are gone, the ginseng has disappeared. The price the gatherers received in the time of the boyhood of the writer of this paper was 50c. per lb., even as low as 25c. per lb., but now the price reaches from \$4.00 to \$4.50 per lb. Only from the almost inaccessible mountain lands of West Virginia and Eastern Kentucky and Northern Tennessee (largely culled dry) can we expect to get vanishing supply of ginseng for the future, a supply that in 1886 amounted to 80,000 lbs. from this one city of Cincinnati.

And now, after these preliminary remarks, we reach the subject of this article. In a recent visit to Boone county (Stringtown), the old home land of the author, he was asked if it would be of interest to visit a ginseng garden. Of course the writer was concerned immediately, and took the first opportunity to do so. This garden belongs to Mr. S. Long, of Union, Boone Co., Ky. It is situated in the shade on the side of a hill, is fenced in by a tall paling fence with narrow cracks between the palings. About ten feet in height it is covered with three-inch slats, between which about $\frac{1}{4}$ inch space is left for the light, and in very hot weather in the summer the top is covered loosely with brush. We thus briefly describe the surroundings of the garden. Inside it bears the appearance of any vegetable

garden under proper conditions where the stock seems to be thrifty and in its native element, and as I found Mr. Long very willing to impart information concerning the same, I hereby relate, in his own words as he gave it, his experience with this ginseng garden :

"I secured first about 300 plants from the woods where ginseng naturally grows in this section of the country. These plants were taken up with great care, plenty of dirt being left on the roots. They were carried in the cool of the day from their native location to the garden I had prepared. The earth was such as I would have used for the purpose of raising onions, a rich loamy soil. These plants were set about 6 inches apart, the rows being about 6 inches from each other. I did not notice in any instance that the transplanting disturbed the early plants in the least. From these 300 plants I collected the first year about 3000 seeds. That fall when the seed had ripened I collected from the woods about 600 more plants, which I planted in the same manner as I had done the 300 plants, making a total of 900 roots. The following spring out of the 900 roots, 800 came up making a good crop of seed. To this I will add that of the plants set out in the fall there was a greater proportion lost than of the plants that were set out in the growing season. The seeds that ripened in July, if planted at once, will come up the next spring; those that ripened later do not come up until the second spring. I cannot give the proportion of loss in sprouting. The first year's plant is a little three-leaved spindle, and the growth is very slow. As is well known, the scars left by cast-off stalks give the age of the root. I have plants in my garden that are at least twenty years of age. I am cultivating ginseng both for the root and the seed, the seed at this time being very costly, although the root only has any commercial value except for planting. I am enlarging my gardens as rapidly as possible and used all the seed that is produced, at present having none to distribute."

It will be seen from the above that Mr. Long supplies from his own experience in a ginseng section of the country just the data to serve persons concerned in drug cultivation. The fact that he did not go to the woods for natural dirt seems in my mind to be of great interest, for it is certain that in any section of the country a slat garden after the manner of Mr. Long's garden can be easily put up, and it is also easy to obtain mature plants from gatherers by paying them an additional price therefor. As the writer of this paper predicted years ago, either cultivation must be given such plants as ginseng and hydrastis, or they must within a moderate period become extinct.

DERMOID TUMORS.

By L. E. Russell, M. D. Cincinnati, O.

DERMOID tumors derive their name from the Greek word *derma*, the skin, and *eidos*, a resemblance; therefore we should expect to find in the make up of the dermoids a condition not unlike the covering of the body. This form of tumor growth is comparatively rare, and may assail the female child in utero, or any age up to the time of departure from this life.

The dermoids are a mixed variety of tumor assuming the characteristics of a simple cyst in one part, and the compound ovarian cysts in other parts of the tumor mass. The flesh or solid growth of the tumor contains tegumental structures, teeth, hair, bone, muscle, mucoid, and brainy structure, all in one conglomerate mass. Bunches of hair of various lengths, mingled en masse, or attached to dermic tissue mingled with fatty matter, are a characteristic of these dermoid ovarian cysts.

Ritchie considers the histological departure in the demoid cysts of the nature of an ovum which has undergone a certain amount of development or a perverted attempt at pathenogenesis. Blumenbach thought the dermoids were produced by *nicus formativus* independent of sexual congress. Heller considered the dermoids due to the debris of a foetus. J. Bland Sutton says it is impossible to determine in many cases from a mere naked eye examination whether an oophoromic tumor should be regarded as an adenoma or a dermoid. In practice, the presence of a tuft of hair or a tooth is a useful and ready way of settling the question of a tumor mass. The character of the child-bearing female is often assailed by medical men who should know better, and by the laity as an evidence of unchastity when the conglomerated tumor mass shows evidence of bone, teeth, etc., and not unfrequently are these forms of tumors confounded with the condition known as extra-uterine gestation.

In an experience with over a thousand tumors of the ovaries, I find the dermoids in about the proportion of one to twenty-five, and the majority of these dermoids have been from infancy to the age of twenty-five. The great danger in dermoids when left to nature, is that they will rupture intra-abdominal, with septic infective peritonitis and death; or that the bone tissue may uncover itself by pressure, and come in contact with the intestines and lacerate them by the movement of the body and intestine against the sharp, rough edges of the ossious structure within the tumor mass.

The photo-engraving accompanying this article is that of a little girl eight years of age who had been referred to the clinic at the new Seton Hospital by Dr. F. P. Stedem, of Saybrook, Ill. The little girl entered the hospital accompanied by her mother on October 22nd, with a greatly distended abdomen and a bulging of a hard tumor mass in the right and left hypochondriac region. She had been a patient sufferer for several months, but recently the encroachment and pressure of the tumor on vital organs, commenced to destroy the patient's health. By reference to the engraving it will be noticed that the incision extended from the pubes in the median line above the umbilicus. This long incision was made necessary on account of the unyielding and adherent tumor mass to the intra abdominal tissues. The omentum was adherent to the anterior surface and the superior part of the tumor was adherent to the stomach, diaphragm and intestines. The whole hand and fore-arm were carried to the

fundus of the tumor, and its adhesions carefully flayed by a see-saw motion of the fingers until the tumor was dissected loose and forced downward and out through the incision. The lower part of the tumor was cystic in character, containing about two quarts of thick,



The above photo-engraving is of Mina Michens, 8 years of age, the eighth child of a family of ten children, eight of whom are living. Dr. F. P. Stedem, the family physician, sends the following notation:

"Case first came under observation Sept. 21 last. Patient had been treated by physicians of Bloomington, Ill., who attributed the enlargement to the liver, and they prescribed red oxide of mercury ointment, the abdomen over the tumor mass to be anointed once a day until it should decrease in size. The tumor growth, however, increased, when the case was referred to Dr. Stedem. The little girl had enjoyed usual good health up to within the last year, although for the last three years her abdomen was not noticed to be much larger than that of children of her age, and on this account, and the pain experienced in the tumor mass, the parents sought relief. The little patient is sitting on the operating table, reclining on the sister, the sutures all removed, and the photograph taken ten days following the operation."

amber colored fluid. The upper two thirds of the tumor was a conglomerated mass of bone, teeth, muscle, flesh, hair, brainy substance, mucoid and fatty tissue. The tumor weighed about twelve pounds, and was attached to the left cornua of the uterus by a pedicle fully three inches in width by one fourth inch in thickness, which was strangled by a strong thong of silk after the manner of a Staffordshire knot, and the tumor girdled and removed with scissors, after which the toilet of the abdomen was made up, after flushing the abdominal cavity with several quarts of sterile normal saline solution, leaving within the abdomen a sufficient quantity to float the intestines and the omentum. The thin walls of the abdominal incision were sutured with silk worm gut, introduced after the manner of the over and over continuous suture, and in this manner completely closing the abdomen.

The little patient was placed in bed, very little shocked, and has made an uninterrupted recovery. The photograph, for this photo-engraving, was taken ten days after the operation.

Some eight years ago, I removed an ovarian dermoid from a patient ninety years of age, which had less adhesions than that of this little girl, and the patient made a nice recovery. Thus we might say in conclusion that these ovarian dermoids in my experience have touched from shore to shore, or from the cradle to the grave.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

SMALL ROUND-CELLED SARCOMA—TARSAL.

Mr. R., æt. 45, carpenter, Blanchester, O., came before the meeting of the South-western Ohio Eclectic Medical Association, with the following history: A growth appeared first near the inner corner of the right eye in 1885. The growth was slow in development, but in 1897 it was removed by a doctor in St. Joseph, Mo. It soon commenced to grow again, and in 1900 was removed by Prof. Lyman Watkins, M. D. Again the growth developed, and when the case presented on the 9th of October the lid was enormously swollen. It was impossible to evert the lid, and when an attempt was made to open the lid fully, it was found that adhesions of the tumor to the eyeball were extensive. The upper inner quadrant of the eyeball was implicated.

The patient was put under chloroform anesthesia, and the adhesions dissected until partial eversion of the lid was possible. The morbid growth was then dissected from the upper lid, and was found to include the entire tarsus. Some difficulty in loosening the mass was encountered, as it was advisable to save as much of the levator muscle as possible, but at last the tumor was removed intact, and no further abnormal tissue was discoverable.

The hemorrhage was very profuse and the prognosis not encouraging. Ptosis was expected on account of the amount of tissue involved.

The tumor was given to Prof. George Brown, M. D., for microscopic examination, which showed a small round-celled sarcoma.

The lachrymal gland was not affected, and no great amount of ptosis resulted, according to last reports. Of course full elevation of the lid would be impossible under the circumstances. Symblepharon was also feared but the adhesions are reported by Prof. Watkins as being comparatively slight.

ENUCLEATION FOR INJURY.

Mr. K., æt. 70, New Bremen, O., laborer, was brought to Seton Hospital Nov. 1, about 5 o'clock p. m. History: Worked in a planing mill; a board struck his left spectacle lens, breaking it and driving the fragments into the eye. The board evidently struck the eye, as an iridodialysis was observable. The anterior chamber was filled with blood, and the patient was suffering intensely. An examination of the eye showed that the chances for vision being restored were nearly *nil*, and that there was, on account of the force of the blow, a chance for destructive inflammation, with possibly the loss of the fellow eye.

Consulting with his physician. M. S. Ekermeier, M. D., and Prof. W. E. Bloyer, M. D., an enucleation was advised, and as the patient was suffering severely, an immediate operation was decided upon. Under chloroform anesthesia the eye was removed, and the patient so far has had an uninterrupted recovery.

NEURALGIA OF SUPRA-ORBITAL NERVE.

Miss J. R., æt. 29, single, clerical work, has suffered intensely at times with pain referred to the eyes; is wearing compound hyperopic lenses, but without relief; completely discouraged. Ophthalmic examination showed 4.00D; hyperopia with slight amount of astigmatism. $V = \frac{20}{30} - 3$ O. U. $J = 4, 8'$ O. U. Advised atropine, which was

used for four days, when
$$\left. \begin{array}{l} \frac{20}{30} : \frac{20}{30} \text{ w. } + 3.50\text{D. } \odot + 0.25\text{D. } 90^\circ \\ \frac{20}{30} : \frac{20}{30} \text{ w. } + 3.50\text{D. } \odot + 0.25\text{D. } 90^\circ \end{array} \right\} \frac{20}{30} \text{ O. U.}$$

Ordered $+3.00\text{D. } \odot + 0.25\text{D. } 90^\circ$ O. U. which gave normal vision after the effects of the atropine had passed off.

The neuralgic pain still continuing, an examination of the nose was made, which should have been done in the first place. The nasal tissues were found hypertrophied, and also hanging middle turbinateds, which through long continued pressure had become adherent to the septum. The simple weight of the probe on the nasal tissues increased the neuralgic symptoms, making the patient decidedly hysterical.

An operation to relieve this condition was advised, but as the patient expected to be away for several weeks it was decided to wait until her return.

Hanging turbinates are not common, but are met with often enough to demand attention, as the reflex symptoms are usually severe. Not only neuralgic pain in the frontal, supra-orbital and infra-orbital regions results from this condition, but also asthmatic and laryngeal complications.

Operative measures are not always required, and indiscriminate operations are to be condemned. Mechanical pressure with pledgets of cotton covered with an ointment of salicylic acid (gr. xx to vaseline $\bar{3}$ j), applied every second or third day, will often afford permanent relief, especially if there is only a chronic rhinitis present. In some cases the use of malleable silver tubes, or dental rubber moulded to conform to the nasal cavities, will be sufficient. These mechanical devices at first can not be worn but for a short time. When adhesions are found between the turbinates and septum they should be divided and the traumatic surfaces kept separated until healing has taken place.

SOME REMEDIES IN ACUTE RHINITIS.

Acute rhinitis will, as a rule, call for *sp. aconite*. The pulse is usually wiry and rapid. When the pulse is full and bounding, *sp. veratrum* will be the remedy. When discharge from the nose is thin, watery and non-excoriating, *dist. hamamelis* will afford prompt relief. This may be added to the *aconite* or *veratrum*, or alternated. The dose is from gtt. j to gtt. ij, but it should be prepared fresh every day, as it soon loses its efficacy. When the secretion is thin, watery, and encoriating, *liq. potassii arsenitis*, in doses of from gtt. $\frac{1}{2}$ to gtt. ss, every one or two hours, will be the remedy. With implication of the lymphatic glands or enlarged sore tonsils, *sp. phytolacca* gtt. j to gtt. ij, every two hours. Pupils contracted, face flushed, and a tendency to neuralgic pain in the frontal or supra-orbital region, specific *gelsemium*, gtt. ss to gtt. j, every hour until relief is obtained or the sensation that the patient is going to see double is noticed. If there is an appearance of relaxation of the tissues, *sp. nux vomica* gtt. 1-5 to gtt. $\frac{1}{2}$, will give prompt relief. A dusky bluish discoloration of the tissues will mean *sp. belladonna* in the same doses as the *nux*. A purulent secretion will require sulphide of calcium, while a tough, tenacious, stringy secretion will be benefited by bichromate of potassium. These remedies I prefer to give in 1 100 grain doses.

There are some cases seen where there is a sensation of fullness in the nose, with a disposition to blow the nose to get rid of the feeling, but no secretion is obtained. With this condition *sp. sticta*, in doses of gtt. 1 6 to 1-5 will usually afford prompt relief.

These remedies are the ones most frequently required in acute rhinitis, although others are sometimes needed. The old time honored practice of giving sulphate of quinine for a cold has fortunately been nearly abandoned by the medical profession, although still used more or less by the laity.

ANILIN OIL.

In the July, 1901, issue of the *Laryngoscope* I contributed a paper on "The Production of Local Anesthesia in the Ear." In the communication I sounded the praises of a mixture containing cocaine, absolute alcohol, and anilin oil, for the reason that this solution in fifty recorded cases produced complete anesthesia of the tympanic membrane. Increased experience, both in hospital and private practice, has but served to emphasize the statement that we are at last in possession of an anesthetic solution which bids fair to "fill a long felt want" in aural surgery.

Dr. Gray, of England, to whose ingenuity we owe this anesthetic mixture, reports that he has not had any trouble with symptoms of intoxication either from the anilin or the cocaine.

On the principle that anilin readily penetrates thickened and inflamed tissues, its use as a vehicle for anodyne "ear-drops" seems plausible. I therefore tried the combination of cocaine with anilin oil in two or three cases for the relief of earache, placing the solution in the hands of the patient, with instructions to instil into the canal every hour until relieved. No ill effects were noted.

A review of the pharmacology of anilin shows that for some time after its discovery chemists regarded it as non-toxic. But its extensive use as a coloring agent in the industrial arts has brought to light the fact that it is highly poisonous. Cases are recorded in which its toxic powers were manifested through inhalation and by cutaneous absorption. The peculiar dark blue color of the cyanosis, its persistency around the lips and under the finger nails, are essentially characteristic of anilin poisoning.

Dr. A. Gray, in the *Lancet*, March, 1901, remarks that several of his patients on whom he had used the solution for local anesthesia in the ear, told him that an hour or two after using the solution their friends noticed this peculiar color about the lips. No untoward symptoms were present in these cases. He claims that the cyanotic tinge is due to the transformation of oxyhemoglobin into methemoglobin, and always passes away in a few hours without ill effects.

Dr. St. Clair Thomson, in the *Lancet*, April, 1901, reports a case of furunculosis of the external meatus, in which he used cocaine with anilin oil as a menstruum.

A small pledget of cotton wool moistened with the solution was used in the canal at bedtime. It afforded great relief. Next morning, as pain returned, the drops were used again at 5 A. M. At 7:30 A. M. the typical blue color from anilin poisoning appeared on the face, lips, tongue and hands. No fever or mental disturbance; pulse small and somewhat rapid; pupils normal. Examination of the heart disclosed acute dilatation of the organ. The area of cardiac dullness, notably increased during the intoxication, returned to normal in the course of the day. The cyanosis likewise disappeared.

REMARKS.—Though admitting the actual occurrence of aniline poisoning by local absorption through the external meatus, this contingency must be infrequent.

The experience of the staff at the Eye, Ear, Nose and Throat Hospital corroborates the above statement. In the last eight months the solution composed of cocaine 20 grains, absolute alcohol and anilin oil 50 minims each, has been used on a hundred cases for tympanotomy in acute otitis media, and yet not a single instance of drug poisoning, even in the milder form referred to, has come to our notice.

From this rather extensive experience we are fully justified in using the mixture for operative work on the drum and contiguous parts; on the other hand, we cannot with impunity place so toxic and so readily absorbed an agent as anilin in the hands of patients for purposes of frequent instillation. Tympanotomy once performed, the canal should be thoroughly syringed, thus removing the danger of further absorption.—H. DUPUY, M. D., in *Laryngoscope*.

TREATMENT OF NASAL POLYPI.

I have never succeeded in causing polypi to disappear by the use of medicines, and believe that such cures are very rarely accomplished by any one, be he high or low in his potencies and ever so skillful in the selection of remedies. Drugs are without doubt useful in helping to prevent the inflammatory process which produced the polypi, but when once formed I know of no certain way of removing them save by local treatment. And that treatment is the best which most completely removes the growths with least harm to surrounding tissues. The cold wire snare best fulfills these conditions. It is so satisfactory that I have never tried other means, such as the injection of carbolic acid and electrolysis, although I am a firm believer in the efficacy of the negative needle in reducing hypertrophies of the turbinated bodies. It is comparatively easy to encircle a single polypus hanging by a stem, and to carry the wire up to its origin in the middle turbinated body, from which most polypi spring, and then to gradually tighten the loop and cut off the growth close to its origin. When a polypus is thus amputated a very small, smooth wound is made, and there is little danger of regrowth at the same point. But unfortunately there are generally a number of tumors packed more or less closely into the nasal cavities, and the operation becomes more difficult. Still, if the polypi are taken one by one and carefully separated and snared, they may be completely and successfully removed, especially if they are attached by stems. But many of these annoying growths are not thus attached. The middle turbinated body has an aggravating habit of becoming hypertrophied and taking on a polypoid form of development; when this is sliced off by the snare the long line of its attachment is laid bare, covering the anterior and part of the inferior border of the body. Such cases as these are liable to recur.

rence. However, I know of no better method of procedure than the snare and subsequent treatment by electrolysis to reduce and keep down the general hypertrophy of the turbinated tissues, which is very apt to accompany such polypi. I am not in favor of the cautery, either for cure or prevention, especially about the middle turbinated. Blindness has followed such treatment, and it is not so effective as electrolysis. I earnestly advocate an after treatment of persistent, gentle antiseptis, the spraying and douching of the nose, when once we have opened its passages, with soothing alkaline solutions, of which glyco thymoline is an excellent type. The post-nasal douche is the most effective method of washing the nose and it is not difficult for patients to learn how to use the post-nasal syringe.

It is very important to toughen the patient and to overcome the tendency to catching cold, to which such persons are especially liable. The best means of bringing about this desirable end consists in cold baths, either of the whole body or the neck and shoulders, followed by an exceedingly vigorous rubbing with coarse towels and friction with the bare hands. Another important measure is the use of the right kind of underclothes. I have satisfied myself that a combination of wool and cotton is better than either alone, permitting perspiration without chilling the skin, than which nothing is of greater importance, the woolen layer next the skin remaining dry and keeping the body warm, while the outer layer of cotton takes up the moisture and allows its evaporation. I have unhesitatingly recommended my catarrhal patients to wear the jaros underwear.—EDWARD B. HOOKER, M. D., in the *Homoeopathic Eye, Ear and Throat Journal*.

CHRONIC EMPYÆMA OF MAXILLARY SINUS.

In the *Louisville Monthly Journal of Medicine and Surgery*, Dr. J. A. Stucky, of Lexington, Ky., contributes an article upon chronic empyæma of the maxillary sinus, operation and treatment. The doctor proceeds as follows: 1. What, in the average case, is the best operation for cure of chronic suppuration of the maxillary sinus? 2. What is the best after treatment to maintain drainage and effectually prevent formation of granulation tissue?

Irregularities in size and shape of the maxillary sinus, inequality in the thickness of its bony walls, the possibility of encountering one or more bony partitions are important factors to be considered in the determination of the nature of the operation, and where best to enter the cavity. It has been conclusively shown by Cryer, of Philadelphia, and Talbott, of Chicago, that the anatomy as laid down in the textbooks is unreliable so far as diseases of the nose and its accessory cavities are concerned. Especially is this true in regard to the maxillary cavity.

It is also generally accepted that diseased teeth do not cause the majority of cases of infection of this sinus, but on the contrary, the

infection comes from above, either as a result of the damming up of the secretions in the middle meatus by nasal polypi, or as a result of enlarged middle turbinates from ethmoidal or frontal suppurative disease. Frequently one or all of these are important factors causing chronic suppuration of maxillary antrum. Cryer believes that it is through the communication between the frontal sinuses, the ethmoid cells, and the maxillary sinus, that infection is generally conveyed, recognizing at the same time that the posterior ethmoidal and sphenoidal cells, and the cells of the orbital process of the palate bone, can also infect the antrum by the reabsorption of the partitions between these cavities. Also, that more teeth are lost through disease of the antrum than there are cases in which the teeth are primarily diseased, causing infection of the antrum and associated cells.

My observations are in accord with these views. In many cases a diseased molar root is found penetrating the antrum, but in no case of chronic suppuration have I found the middle turbinate or ethmoid cells in a normal condition, and in no case was the patient relieved until the nasal cavity and its sinuses were placed in a healthy condition or at least rid of suppurative trouble.

The indications, then, to be met in this disease are: first, remove the cause of the infection; second, secure and maintain free drainage. The nasal cavity is the first to receive attention. In every case a portion, at least, of the (anterior process) middle turbinate is removed with scissors and snare. This is done to avoid any possibility or interference with the hiatus semilunaris. Drainage through this must not be obstructed in the least. If the ethmoidal cells or frontal sinus is at fault, these are to be dealt with in the most thorough manner, and the entire nasal cavity placed in condition favoring normal respiration and drainage.

Having accomplished this, the nose is loosely packed with gauze, preparatory to entering the antrum. This precaution is taken to prevent hæmorrhage and a possible reinfection in a fresh cut surface. In a paper read before the Kentucky State Medical Society in June, 1896, I advocated entering the antrum through the socket of one of the molar teeth. For the past two years I have discarded this method in favor of the one following: If there is a dead tooth or root penetrating the cavity, it is removed. An incision is made at lower part of the canine fossa, just above the alveolar process, and tissues carefully dissected back so as to expose the entire fossa. The cavity is entered with a hand-drill or chisel enlarged with Rongeur forceps until the finger can enter with ease. Granulations and polypi are removed with finger and curette, and partitions, if found, are broken down, so as to make one cavity. The sinus is then carefully inspected with the aid of a large ear speculum, in order that nothing escape which might prove a source of infection. The cavity is then packed with gauze. The first dressing is allowed to remain twenty-

four hours, then removed, and the cavity washed with an antiseptic solution. Repeated daily for several days.

The doctor then keeps the drainage complete by a specially devised plug made of dental rubber. For keeping down exuberant granulations, a solution of zinc chloride, used alternately with nitrate of silver or alcohol, also a twenty to twenty-five per cent, solution protargol, has given satisfaction.

EYE-STRAIN AS A CAUSE OF GASTRIC NEUROSIS.—Smithwick (*Boston Medical and Surgical Journal*) cites several interesting cases, in which obstinate indigestion was cured by properly fitting spectacles. In one case the patient had been subject to "bilious attacks" for fourteen years for which he sought relief. His appetite had always been good, and the only digestive symptoms were moderate constipation and occasionally "sour" stomach. Between attacks, headache was present only when he rode on cars, or occasionally when the electric lights were turned on the shop. An attack was preceded a day or so by the sensation of a "lump" in the throat, and commenced with vertigo, partial loss of sight, nausea, vomiting and, for three or four hours, frontal headache. Symptoms of hyper-acidity were more likely to annoy him before an attack. Every method of treatment was exhausted without benefit. The patient was then sent to an oculist and glasses fitted for hypermetropia. The attacks practically disappeared and from October, 1898, to May, 1900, they had reappeared only upon two occasions.—*The Med. Stand.*

PERISCOPE.

EMOTIONAL JAUNDICE.

Debove described (clinical lecture) the case of a patient affected with jaundice, for which no other cause could be found than that of fright. The subject was a woman who was employed as a nursemaid, whose health was perfectly good, when she suddenly became jaundiced, this being accompanied by vomiting after each meal, though at the same time her appetite was not interfered with, and her health continued satisfactory. The history of the case was that the patient being alone in a room, a strange person mistaking the apartment, opened the door with a key and walked in. The girl thought it was a case of burglary. She was considerably startled, and three days later it was noticed she was very jaundiced. On admission to the hospital she was put upon purely milk diet and kept quiet, and at the end of a few days all discoloration had disappeared.

The diagnosis naturally turned on catarrhal jaundice or hepatic colic. The latter was considered inadmissible, as there was no pain whatever. Taking all the circumstances of the case into considera-

tion, Debove came to the conclusion that a mere catarrhal affection could also be excluded, and that the case in reality was one of not very frequent occurrence, but which must, all the same, be recognized, namely, emotional. The lecturer emphasized the influence of emotion on other secretions, such as the intestinal renal sweat and lachrymal glands, adding that there was no reason why the hepatic secretion should not be influenced by similar circumstances. It was, however, very difficult to explain the almost sudden appearance of jaundice under conditions of severe emotion.

The lecturer quoted a case described by Potain, of a man who was just on the point of being shot during the Commune, when his friends were enabled to interfere. His wife, who was an eye witness, noticed that he became quite yellow. Another case was recorded of a woman who went to visit her daughter in hospital. As it happened the latter was in a marked jaundiced condition, and the mother was so startled at the appearance that she fainted, and half an hour afterward she also showed typical jaundice.

In the present stage of knowledge the rapid appearance of jaundice under some circumstances could not be explained, but in cases where it appeared at the end of a few hours or a day or so, there was probably some spasmodic condition of the biliary ducts, which prevented the free egress of bile from the liver; or a catarrhal condition itself might be produced in the ducts. The subsequent history of such cases also differed, as in those instances where it appeared rapidly, it only seemed to last a few days, but the slower it was in appearing the longer it seemed to take in subsiding. The prognosis in all these cases seemed to be good. No glycosuria or other complications seem to have been noticed.—*Jour. de Med. et de Chir. Prat*

ACUTE MUCOUS AND DYSENTERIFORM COLITIS.

Aviragnet states that acute colitis constitutes a clinical type distinct from gastro-enteritis. It may be primary or secondary; in the latter case it succeeds a gastro-enteritis, or appears in the course of one of the infectious diseases. The pathology of colitis is identical with that of gastro-enteritis.

Colitis may be divided into the gangrenous, with glairy or mucous secretions, and a second variety, the dysenteriform. These may be mild with fever, or severe with the advent of the algid state. The symptoms of the second variety are akin to those of dysentery, though the pathological changes are less destructive than those occurring in dysentery.

Aviragnet believes that the two dysenteric conditions are similarly caused, and he therefore gives them the same treatment. His method is to place the patient at rest in bed, and to relieve the abdominal pain by cataplasms or hot or cold applications. He does not believe in lavage of the large intestines, arguing that distension of the inflamed

bowel augments the pains, and possibly the inflammatory process also. He diminishes the rectal tenesmus with injections of a weak solution of laudanum, and advises this instead of suppositories. He discusses the use of injections of ipecac, borax, and hypophosphite of soda, and of various suppositories, in combatting the inflammation. He believes that all of these should be rejected in acute colitis, not only because they are insufficient, but because they add to the irritability of the bowel, and may therefore increase the inflammation.

He discusses the administration of calomel and ipecac by the mouth and then the treatment by sulphite of soda, from the use of which he claims remarkable curative results. He gives from ten to fifteen grains of the sulphite the first day in sweetened water. The dose is slightly aperient and is specially useful when stomach irritability is pronounced. Small doses, say of five grains for a child twelve months old, should be given the day following. The dose may be varied and the administration of the sulphite continued for several days with advantage. Blood rapidly disappears from the stools, the rectal tenesmus and diarrhea soon cease. The warm bath may be used as a valuable adjuvant to his treatment. Dr. Aviragnet does not claim that this method of treatment is new, but tries to emphasize its utility.—*Annals de Med. et Chirurg.*

EXTRA-UTERINE FETATION.

Some months ago I read before you a few notes on the advantages of curetting the uterus in all cases of extra-uterine pregnancy where there was any suspicion of retained decidua. And you will probably think I am placing the cart before the horse when I tell you that to-night I intend reading notes on the symptoms of extra-uterine gestation. The fact is, gentlemen, I have seen a number of these cases lately, and I think I can throw a little light on the subject of diagnosis.

In whatever part of the genital tract the pregnancy finally enters, I think it is now an established fact that it commences in the Fallopian tube. The slightest dilatation of the tube causes pelvic pain, and this I have noticed is one of the earliest symptoms. Should the ovum slip up into the tubo-abdominal region (ventral pregnancy), or between the folds of the broad ligament, becoming a mesenteric pregnancy, the pain ceases—for a time, at any rate—until the tumor from repeated hæmorrhage into its sack becomes so large that it causes pressure on the neighboring parts, and pushes the uterus out of its normal position. The pain is always confined to one side, and is of a throbbing character. Should the pregnancy take place immediately after a menstrual flow, the chances are that no other symptom except pelvic pain is complained of until the next flow is due. From my experience I have come to the conclusion that the onset of the menstrual flow, marks the first symptoms of decidual separation. Should the patient escape an abortion at this period, the odds are greatly in favor of her

going another calendar month before signs of decidual discharge make themselves evident. I think then, that after pain decidual discharge is the next symptom, and, should the pregnancy be high up, say tubo-abdominal, the rupture of the sack into the abdominal cavity takes place at the date at which the menstrual flow should appear. Many women for various reason keep the dates of their "period," and it is by referring to these that I have discovered the coincidence that abortion takes place at one of these times.

On examination, a tumor on one side of the uterus, and, on bimanual palpation, a distinct pulsation can be felt by the finger in the vagina. This pulsation conveys a well marked bruit, aneurismal in character. Whether any temporary cessation in child-bearing to the otherwise healthy woman causes a change in the tube, it is a notable fact that the majority of extra-uterine gestations occur in women who have not borne children for several years.

Given, then, the case of a patient who has missed a period, who has not had a child for several years, who complains of persistent pain in one side of the pelvis, we would naturally suspect the condition of extra-uterine gestation. Should sudden collapse and severe spasmodic pain supervene, then the diagnosis is absolutely established. Hæmato-salpinx, salpingitis, with some fluid in the tube, an inflamed dermoid cyst of the ovary, an ovarian tumor with a twisted pedicle, an hydatid degeneration of the villi and chorion, or even an appendicitis, might be mistaken for an extra-uterine gestation; but I think that, by paying attention to the symptoms I have described, a reasonable diagnosis may be made on the theory of exclusion.—GEORGE CUSCADEN, M. D., *before Victoria Branch Brit. Med. Association.*

The Relative Safety of Anæsthetics.

One of the most important communications on the relative safety of anæsthetics has just been made by the anæsthetic committee of the British Medical Association. This report deals with 25,920 cases of anæsthesia which were carefully recorded and strictly scrutinized. The cases are divided into uncomplicated and complicated, and the latter into cases of anxiety, of danger or of death. Although a large variety of distinct anæsthetics or mixtures was employed, still the fact that more than four-fifths of the cases were anæsthetized either by chloroform or ether makes this investigation practically a consideration of the relative safety of chloroform and ether. In cases which gave anxiety, there were one-sixth more under the administration of chloroform than of ether, while of those which seemed dangerous there were five times as many with chloroform as with ether. The ratio of deaths was practically the same. Of the deaths following chloroform, however, more than one-third were due entirely or principally to the anæsthetic, while of the ether deaths not one was considered to be entirely due to the anæsthetic. The fact is pointed out

that ether was often selected for use in conditions of exhaustion and collapse, and the mortality rate for this anæsthetic was thus affected.

Vomiting was most frequent after ether, less after chloroform. In cases of prolonged vomiting, however, the order was reversed. Shock or collapse and bronchitis were more common after chloroform than after ether. Respiratory phenomena—dyspnoea, spasm of the glottis—were more frequent under ether, while circulatory disturbances were more common under chloroform, and those of a grave character occurred five times as often. The dangerous or fatal symptoms occurred as a rule in the early stages of anæsthesia, while prolonged anæsthesia induced the minor complications, rarely the fatal. The danger rate began to increase after the thirtieth year under chloroform, but with ether it remained constant until after the fiftieth year. Apparently none of the mixtures of ether or chloroform give such satisfactory results as ether alone. Nitrous oxide with or without oxygen showed the lowest percentage of complications. Their final conclusion is that the most important factor is the skill of the anæsthetist and that to insure the best results he must be one of large experience and good judgment.

This report, coming as it does from a committee of physicians of the highest professional standing who have carefully scrutinized and weighed the conditions in every case, is the strongest possible endorsement of ether as an anæsthetic. This is especially true when it is remembered that the use of chloroform as an anæsthetic was discovered in Edinburgh and that it has always been the preferred anæsthetic in Great Britain.—*Albany Medical Annals, May, 1901.*

Specific Diagnosis and Specific Medication.

Specific diagnosis is the foundation of specific therapeutics. Without a thorough understanding of disease expressions (specific diagnosis) one cannot successfully practice direct or specific medication. This knowledge must be obtained mainly by personal observation, but from books one must learn how to observe, what to observe and how much importance to attach to the different and varied expressions or symptoms caused by the many departures from health. This information, however, cannot be obtained from either old-school or homœopathic text books. It is only to be found in the works of modern Eclectic authors. In a book entitled "Specific Diagnosis," by the late Prof. John M. Scudder, M. D., this subject is very ably treated. Prof. Scudder was one of the most careful and thoughtful medical investigators of the nineteenth century. In this book much of his life work is given to the medical world in the plain, able and forcible style for which he was noted. It is a work which should be in the library of every progressive physician. In the preface Prof. Scudder pointedly says:

"We believe that the expressions of disease are uniform, and always have the same meaning, and that the action of remedies is something definite and uniform—that like causes always produce like effects. If we properly study our cases, so as to determine a definite condition of disease, and know the direct action of remedies in such conditions, we will have a certain and rational practice of medicine.

"Specific Medication" is a companion volume by the same talented author. It treats of the remedies referred to in "Specific Diagnosis," giving terse descriptions and valuable indications for their successful employment. It also contains information of great importance in regard to the theory of specific medication, its difference from homœopathy, the administration of medicines, forms of medicines, preparation of remedies, office pharmacy, classification of remedies, and many other thoughts and suggestions of the utmost importance to the student and practitioner of medicine. These works are published by Scudder Brothers Co., 1009 Plum street, Cincinnati, Ohio. Prices: Specific Diagnosis, \$1.50; Specific Medication, \$2.00.

Ophthalmological Aspects of Pregnancy.

Dr. Casey A. Wood, at a meeting of the Chicago Academy of medicine, declared that pregnant women are liable to suffer from paresis of accommodation; reading, writing, and near work generally, may be difficult, or even impossible except for the briefest periods. Muscular insufficiency is also to be observed, the strength of the ocular muscles being less than normal during pregnancy. Increase of the apparent refractive error is quite common in pregnancy.

Pigmentation of the eyelids may be seen in pregnancy, and is merely a part of the general pigmentation of the skin so commonly seen in gravid women. Violent and long continued vomiting may produce small hemorrhages into the subconjunctival tissue; these superficial hemorrhages are not serious; but if hemorrhage occurs into the interior of the eye, damage to the vision is to be expected. Unfortunately intra-ocular hemorrhage is a not uncommon result of persistent vomiting, and detachment of the retina has been seen to occur from the same cause.

Retinitis albuminurica frequently accompanies pregnancy, but the disease of the retina shows itself in a more favorable form in pregnancy than it does in the ordinary forms of Bright's disease. The prognosis is not as grave in pregnancy from albuminuric retinitis as it is in chronic Bright's disease, although the conditions are about the same. Occasionally a patient who is pregnant, whether albuminuria be recognized or not, has partial or even complete blindness, which may last from a few hours to a few days. These patients almost invariably get well. Nothing pathological can be seen in the fundus by the ophthalmoscope.—*Medical Review of Reviews.*

Impetigo Contagiosa.

Dr. Shamberg says that impetigo contagiosa is increasing in frequency, and quotes statistics of the American Dermatological Association showing that fifteen years ago it constituted only two per cent. of all cutaneous affections, while at the present time it furnishes ten per cent. of the cases, and is the most frequently encountered skin disease in dispensary practice. It is generally recognized that the disease is produced by the common pyogenic cocci; there is, however, difference of opinion as to whether the offending agent is *staphylococcus aureus* or *streptococcus pyogenes*.

Many cases of pemphigus of the new born and of acute epidemic pemphigus are doubtless examples of true bullous impetigo. Dr. Engman, of St. Louis, has observed and recorded several epidemics of the disease in institutions for infants in that city. When the lesions are extensive and deep, and the children very young, death may result from septic absorption.—*Southern California Practitioner*.

CEANOOTHUS IN LEUCORRHEA.—I wish to call your attention to a remedy that has been very useful in conditions often noticed in school girls, the remedy in question being ceanothus. I refer to leucorrhœa, a sequæ of a condition, with other symptoms, which had led me to give this remedy.

The patient is weak, pale, anemic, with dragging pains in the back, pain in the region of the spleen, can scarcely wear corset, its pressure aggravating the pain: loss of appetite, pale, flabby tongue, with a general weakness.

The leucorrhœa generally is of a light color, and the patient always complains that it makes her so weak. Headache frequently attends the above symptoms.

When you administer this remedy, give one dose of the potency selected and let it act as long as it will; then if required repeat, but use a higher potency. In the intervals give placebo.

I certainly have been greatly pleased with this treatment in a number of cases. If cases could be treated early and with the properly selected remedy, and using the high art in medicine, that is, its mode of administration, we would see a great deal less of gross pathology. *Fahnestock in Med. Century*.

MANAGEMENT OF THE BREAST DURING LACTATION.—The lack of cleanliness in caring for the nipple is responsible for nearly all cases of infection and abscess of the breast. C. S. Bacon (*N. Y. Med. Jour.*) advises that the nipples be washed with clean water before nursing, and with 75 per cent. alcohol after nursing. They should always be protected by clean dressings, and handled with sufficient care to avoid any abrasions. When wounds occur shields are of great value, but they should be large enough to cover the areola and cause no pinching of the nipple. Alcohol seems to be the best antiseptic to apply to the abrasions.

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ARE WE ADVANCING?

The question is often asked, "Are we as Eclectics progressive? Are we keeping abreast of the times? Are we not using the same medication that was used twenty-five years ago? In answering these questions it is well for us to examine carefully the meaning of keeping abreast of the times.

There seems to be in the minds of some, the idea that in order to be progressive, we should sanction or at least try the many new remedies and formulas that are today held as specifics for certain diseases. In looking at the changes that have been made—the different methods of treatment that have been tried during the last twenty-five years by our regular neighbors, and then see Eclectics using the same remedies year after year, it would seem at first glance, that we were not keeping up with the procession so to speak; that somehow we had let the wide awake doctor pass us in the race for professional hours. There is to my mind a satisfactory explanation for the change in treatment from time to time by the dominant school, and also a good reason for Eclectics continuing the use of the old remedies.

In the treatment of the prevailing diseases of our country, such as typhoid, pneumonia, grippe, dysentery, etc. the mortality was distressingly high. The harsh and unpleasant medication was not successful; calomel and quinine and Dover's powders was not a successful treatment in fevers and a change was necessary if any improvement was to follow. The profession thought they had found the new remedies in coal tar products—they could relieve pain and reduce temperature by these new products, and by one common consent, these remedies were adopted. I well remember the universal recipe for typhoid fever twenty years ago at the city hospital—antipyrin in 10 and 15 grain doses every 3, 4 or 5 hours. How the temperature did fall and the aches and pains disappear. True there were a great many deaths when the remedy was first introduced, but that was attributed to the character of the epidemic. There were bad cases, and of course it was not the treatment, however the more it was used the greater the mortality, until finally it began to dawn upon the profession that the coal

tar products were heart depressants, and that they were not safe to give indiscriminately. Then they were abandoned. Now comes the serum treatment, and the profession is as madly in love with this form of medication as formerly they were with the coal tar products. It is not proving as satisfactory as was hoped for, and some of its early advocates are already decrying their use. During these years the Eclectics as a school, have been moving along in the even tenor of their ways, prescribing the remedies that have been tried and not found wanting. We believe that a remedy that will cure certain conditions today, will cure the same conditions, 25, 50, or 100 years hence. Our fathers found *veratrum* curative in pneumonia when they found the patient with a full, strong, bounding pulse; *lobelia* curative with an oppressed pulse and oppressed respiration; *bryonia* relieved the husk cough and sharp pains in the chest when the pulse was vibratile; and so when we meet these same conditions, they prove curative. If curative today, they will prove curative in the hands of our children and grand children; if curative in the year 1902, they will prove curative in 1999, providing we have the same conditions. I do not mean to say that we have not made any advancement in the last twenty-five years. Much has been learned as to the use of old tried remedies; much is yet to be learned. New uses will be found for the old remedies and new agents will be discovered that will take their place and rank with the old. Some of the old may drop out, not because they fail, but it may be more pleasant remedies will be discovered that will take their place. We are learning more of the influence of mind over matter—of the great part the sympathetic plays in diseased conditions—of the benefits derived from certain mechanical movements—of the wonderful results from electricity, and we bring to our aids suggestion, relief of impinged nerve fibres, massage, Swedish movement, osteopathy, electricity, but we do not abandon the old. When we once find a remedy that meets a diseased condition, we have found it for all time, providing this same condition be present, and the eclectic practice of today, tomorrow and the future will contain most of the practice of twenty-five years ago. R. L. T.

TONSILLITIS.

With the advent of inclement weather, sore throat from exposure to cold frequently occurs. The various forms of tonsillar inflammation are among the most frequent results of cold, and the physician is often consulted for a remedy for these conditions.

The following are cases taken from the case-book of last winter: Maud B. married, aged 20, after a long ride in the cold the day before, called at my office with inflamed and reddened tonsils, painful deglutition, slight pyrexia, and cough; R. tincture *guaiaac*, gtt. x, syrup *tolu* ℥iv, dose teaspoonful every two hours; the following day she was much improved and recovered entirely in three days. Wm. R., carpenter, aged 40, worked all day in a cold, drizzling rain, his

tonsils were much inflamed by the next morning and there was a septic odor of breath, difficulty in swallowing and headache: R. tincture guaiac 3 j, echinacea 3 j, aqua 3 iv, dose teaspoonful every two hours; patient recovered in two days. Case 3, Mrs. W. S. I., aged 20, after washing and scrubbing out doors on a cold day was attacked with tonsillitis, which exhibited the usual symptoms, with considerable swelling externally; R. specific phytolacca 3 j, tincture guaiac 3 j, simple elixir and aqua aa. 3 ij, teaspoonful every two hours; she recovered in two days. Case 4, Ed. G. aged 20, clerk in restaurant, scrubbed the floor and packed the ice box early before the restaurant was warmed: the throat, tonsils and pharynx became very much inflamed, swollen and tender by evening, with considerable laryngeal irritation and cough; R. tincture guaiac 3 j, syrup wild cherry comp. 3 iv, teaspoonful every 2 hours; made a somewhat slow recovery but was well in five days. Case 5, A. J. D., bar tender, worked hard and rapidly, assisting in unloading and storing beer, snow was falling but he was in his shirt sleeves and being large and fleshy was covered with profuse perspiration by the time the work was completed: an hour afterward, he was seized with a hard chill, and later complained of severe sore throat; the tonsils were inflamed and swollen, internally and externally; R. specific phytolacca 3 j, tincture guaiac 3 j, simple elixir 3 iv, dose, teaspoonful every two hours; he was at work the next day and entirely well in two days. Case 6, Mrs. John M., aged 35, farmer's wife, was taken with severe cold and tonsillitis after exposure in snow milking several cows; R. tincture guaiac 3 j, white pine cough syrup 3 iv, recovery rapid and complete within a week. Case 7, Guy H. aged 21, telegraph operator, exposed to cold in flagging a train, had tonsillitis with considerable glandular enlargement and slight pyrexia; R. Tincture guaiac gtt. xxx, specific medicine phytolacca gtt. xxx, aconite gtt. v, simple elixir, aqua, aa. 3 ij, teaspoonful every 2 hours; recovery was rapid and uneventful. Case 8, Albert S., aged 30, hostler, took cold after washing several rigs outdoors on a cold day; his throat was swollen, breathing difficult, and swallowing almost impossible; the swelling extended forward in the base of the tongue and roof of the mouth; he was unable to expectorate on account of the swelling and stiffness of the muscles of the throat and tongue; the saliva dribbling from the mouth in large quantities; R. Tr. guaiac 3 j, specific medicine aconite gtt. vi, aqua 3 iv; dose teaspoonful every 2 hours; externally stillingia liniment to tonsillar region; the patient made a rapid recovery and was at work again in 6 days. Lucy R. aged 18, married, after a long walk on a cold winter night was taken with tonsillitis characterized by very little swelling but intense redness and tenderness of tonsils R. Tincture guaiac 3i, simple elixir 3 iv, dose teaspoonful every two hours; the case was somewhat stubborn and did not yield for four days but by that time all soreness and swelling had disappeared. Case 10, Geo. R. carpenter, aged 45, sat on a porch to cool off after a hard

day's work ; in the night following he was taken with a chill which lasted for some time ; the next morning his tonsils were tender and swollen, of a bluish red color and septic odor R. Tincture guaiac 3 i, specific medicine echinacea 3 i, simple elixir 3 iv ; dose, teaspoonful every two hours ; he was at work again in three days. Case 11, Luther V. farmer aged 38, contracted a severe cold from exposure in work about his farm ; he presented the usual symptoms and was relieved in 2 days by tincture guaiac 3 i in four ozs. of simple elixir, teaspoonful every 2 hours.

We have never known guaiac to fail in aborting a case of simple tonsillitis when given in time, but we have had several cases which went to the formation of abscess and which required incision and were very severe and long drawn out ; but these were cases which were not seen until pus had already formed in the glands and no treatment was then indicated but such as would hasten suppuration and cause the discharge of pus as soon as possible.

In cases of quincy when absortion is possible the tonsils should be incised as soon as fluctuation can be felt ; this is sometimes a very difficult matter on account of the swollen condition of the parts, and it is sometimes impossible to open the patient's mouth wide enough to reach or even to see the tonsils ; the teeth become fixed and the jaws are almost tetanic in the rigidity ; in such cases there is nothing to do but wait ; and although the patient may declare that he is smothering or choking to death, we have never yet seen such a result, even though the condition appears of serious aspect. The application of poultices externally over the region of the tonsils, a thorough rubbing in of the stillingia liniment, the inhalation of warm vapors of hop tea and vinegar, with tincture lobelia and aconite added to a mild opiate, not enough to produce sleep, for the patient can not sleep, but sufficient to allay the pain, is all that we can do until spontaneous rupture occurs, when the relief is immediate.

L. W.

PLANTS AND ANIMALS.

The difference between plants and animals is very perceptible when we regard the higher forms of either, but in the lower forms of animal and vegetable life the obvious distinctions vanish and a line can hardly be drawn between them. Some of the points of variation are as follows : vegetable protoplasm builds up its structure from chemical bodies such as ammonia salts, the sulphates and phosphates, by virtue of chlorophyl, the green matter of plants, it absorbs and decomposes carbonic acid and exhales oxygen, the vegetable cell always has a cell wall, its protoplasm is more markedly reticulated and contains cellulose while the animal cell is often without a cell wall, its protoplasm not markedly reticulated and contains glycogen.

Plants are more homogeneous, there is a less marked morphological and functional specialization, and an increased or superior assimilative

power. Plants form protoplasm from earthy or inorganic matter and store it up in structure to be broken down and reformed by animal protoplasm, animals being unable to form protoplasm from inorganic structures. Animals take in oxygen and give out carbonic acid gas; plants take in carbonic acid gas and give out oxygen. Animals subsist upon the products of the vegetable kingdom, for all animal food is primarily derived from the vegetable world. Plants exist upon the products of the inorganic world. Plant life is the storing up of force rather than its manifestation, on the other hand animals take these stores and reducing them again to their simple elements evolve energy and expend the products of vegetable labor. Animals are absolutely dependent upon the vegetable world for the energy necessary for existence. The power of movement is characteristic of animals while vegetables are generally fixed; and still some vegetable and flowers possess the power of movement as is shown by the sensitive plant and the venus fly trap. The power of movement is not an absolute evidence of animal life, for some animals, as the sponge, are fixed. The presence of a digestive canal is characteristic of animal life, but even this is not a cardinal distinction; so while the difference between animal and vegetable life is sufficiently apparent the higher forms, when we come to the lower aspects of existence it is not so greatly marked. Even a particle of dead matter may grow or increase in size, but in a manner altogether different from the living. A crystal of salt is dead matter, still it grows, but always by addition to its surface, and so it is with all chrySTALLINE substances; living creatures grow by additions from the interior and are subject to constant decay, but in chrySTALLINE growth the added substance is laid upon the outside and must be exactly like that upon which it is laid, and decay is not a factor of growth. The growth of living things has a definite limit, but there is no limitation to the growth of chrySTALLINE bodies.

SUBSTITUTION.

In a recent number of the *New York Medical Journal*, Mr. A. W. Herzong, contributes almost a page under the heading, "A Flagrant Case of Substitution". In this he shows quite conclusively that a prescription in which one grain of homatropine hydrobromate was prescribed, had been compounded with atropine instead of the homatropine, and the editor of the Journal considers it of sufficient importance to publish his complaint in full. It seems that the suspicion of the physician was aroused by reason of the fact that the effect of the remedy after three weeks was such as to still paralyze the accommodation of the pupil, and in his contribution the doctor sums up as follows:—

"This substitution of atropine for homatropine is not at all so infrequent as it might appear, having occurred in my practice several times, once, as I remember, some years ago, in the case of a violinist, who was forced thereby to give up an engagement.

This letter is written for the purpose of drawing the attention of the profession to the fact that, if a substitution of atropine for homatropine is practiced, the patient would be likely to get the atropine in larger doses than would be the case if atropine were directly prescribed. The patient, furthermore, would have the larger doses instilled in his eyes with greater frequency, in this way not only having as much paralysis of accommodation as is usual when we prescribe atropine, but a great deal more, and in fact, a dangerous amount.

The patient may, furthermore, lose a great deal of time in consequence of the substitution, and if of advanced age may, in consequence of the increased intraocular tension which persists for a long time, become glaucomatous.

Lastly, the patient is likely to lose confidence in his oculist, who promised him a return to normal vision for the next day, whereas, in consequence of the substitution, this return to normal vision may be deferred for weeks, even if no serious harm results."

To the above which seems to be made in a general way against pharmacists, we will state that it seems hardly possible that a pharmacist will, for thirty cents, deliberately put into a remedy a preparation capable of producing such serious effects instead of the one the doctor desired. While we are aware that pharmacists, many of them, feel that they have a right to replace a specified preparation of a drug with another make of the same drug, and possibly take that privilege when occasion requires or permits, we are not prepared to accept that pharmacists will deliberately replace an expensive remedy with a cheaper one, or displace a chemical prescribed by a physician by one of their own selection. The experience of the undersigned has been that pharmacists may in support of their claim to the effect that they have the right where a fluid extract of say ipecac is prescribed of XYZ'S preparation demand the right to put in their own make or the preparation of some other firm, and perhaps have gone to extremes in this method of substituting, of which we will say we do not approve. Still, it seems to us that a great distinction must be drawn between such a rule or principle, and deliberately putting into a prescription something the doctor does not prescribe. Consequently, we believe that, should it be shown that the New York pharmacist put atropine into that one prescription instead of homatropine, was to due confusion and error of thought, and not to a deliberate substitution. There was no inducement for such substitution in a case like this. The pharmacist could have charged, and would have charged, his full profit on the prescription regardless of whether the one grain of material cost him thirty cents or sixty cents, and we believe in cases like this the difficulty will be found to be owing to human error rather than to human depravity.

J. C. L.

MARRUBIUM.

We wonder how many will fail to recognize in this title grandmother's good old-fashioned *hoarhound*. No doubt we have all taken it with more or less pleasure or disgust, in the shape of candy or infusion. It certainly is a medicine, and is accorded stimulating effects

to the mucous membranes, especially those of the laryngeal and bronchial region. It is also classed as a stomachic, carminative, expectorant, and deobstruent.

As a remedy it is said to be of special value in the treatment of chronic cases, such as chronic bronchitis, laryngitis, rheumatism, dyspepsia, and hepatic disorders. Everybody knows hoarhound as a simple remedy of greater or less value in pulmonary affections of various kinds. We would much prefer to give to our patients and take ourselves, a syrup of hoarhound for coughs, colds, chronic catarrhal troubles, and even for phthisis pulmonalis, than some of the very modern and scientific microbicides like creasote.

A hot infusion of marrubium will generally cause diaphoresis and relaxation, and will frequently prove a pleurisy remedy in colds, hoarseness, asthma, amenorrhea, hysteria, etc., and its pronounced diuretic action makes it very valuable in some cases of fever, kidney troubles, jaundice, etc. The cold infusion is perhaps the better when we hope to secure the tonic effects, as in chronic dyspepsia and the like. This latter is also recommended as a mild vermifuge, and as a remedy in mercurial salivation. Think of this simple old remedy, and give it instead of the new-fangled ones. The dose of the specific medicine is from one to ten drops every half hour or hour in plenty of water.

W. E. B.

OXYDENDRON ARBOREUM.

This is the once famous sourwood, or sorrel tree. It was recommended as a specific for dropsy, and because it did not cure every case, it has to some extent fallen into innocuous desuetude. There is the greatest mistake in medicine—looking for and recommending specifics for diseases. They do not exist. We doubt whether our experience with the drug has been sufficient to enable us to point the way to its use in such a way that it may be reclaimed. That it is a wondrous remedy in special cases, none will deny, for it has done wonderful things. Two things are necessary to its success—first, the proper case, second the reliable remedy. We believe it acts best in the relief of dropsical accumulations when there is derangement of the portal circulation. The disease may be effusion into the peritoneum, the pleura, the pericardium, or into any other of the serous sacs of the body like the tunica vaginalis testis, or hydrocele, etc.

No doubt it has some special diuretic action, or this may be its chief action. Tonic and refrigerant properties are also accorded to it. Sourwood is recommended especially in ascites. Look well to the cause. Also, in the kidney and bladder troubles of old men, when there is hypersecretion and too frequent calls to micturition. It is said to relieve the irritation and to take the sharpness from the distressing symptoms of prostatic enlargement, prostatitis, calculus, cystitis, or an irritable bladder neck or posterior urethra. It relieves the burning

pain and the bloody urine. In this way it helps to relax, and relieve scanty renal secretion. It is recommended in bowel affections due to colds, like diarrhea, dysentery, etc.

The dose of specific sourwood is from one to two drops in an abundance of water every half hour to three or four hours. The solid extract may be given in pill form in from three to six grain doses every two hours. As we have said, the remedy needs study. It is a good one; and besides, the medicine must be right, or the study will amount to little.

W. E. B.

FRASERA CAROLINENSIS.

This is the American Colombo, or *Frasera Walteri*, and not the official Colombo of old school materia medica. The preparations of the fresh root are unpleasant. They act as emeto-cathartics, while the action of those made from the partially dried root is as a mild tonic, very much like gentian. Its specific use is, then, as a mild, pure, simple bitter tonic. It increases the circulation, and like gentian it may be administered for loss of appetite or dyspepsia, in depressed states like convalescence from wasting diseases or continued fever, in exhausting diarrhea, etc. The infusion of colombo is an excellent remedy in colliquative night sweats. The dose of the specific medicine is from five to thirty drops largely diluted, and it may be repeated every two to four hours.

W. E. B.

MATICO.

This is a South American plant that has had quite a reputation as a remedy in certain lines. We believe that it might be studied with much satisfaction, and that the activity of it, as warranted by the writings of the older eclectics, certainly demands for it much closer attention and use than it now receives.

Locally it is highly recommended as an application to cuts, wounds, indolent ulcers, etc.

Medicinally it is an aromatic stimulant and tonic that very much resembles cubeba, or some members of the terebinthinate family. Matico seems to exert a specific action upon the mucous membranes that are relaxed or below par—those in which there is hypersecretion or relaxation. Chronic mucous discharges may be said to be the finger board pointing to matico as a remedy.

It will be found of great service, prompt and efficient, in leucorrhea, gonorrhea, gleet, and in vesical catarrh. It can be used in these cases both internally and locally. It is a remedy of superior value in some cases of chronic diarrhea and dysentery. In relaxed conditions of the rectum, chronic prostatitis with mucous discharges, and with or without hemorrhoids, matico will prove to be a valuable remedy. The same is true of it in certain cases of dyspepsia, and in laryngitis, bronchitis, etc. It is highly recommended for the relief of mucous

membrane hemorrhages, no matter whether they be from the respiratory, digestive, or genito-urinary tracts. It is the *one* remedy that is recommended as a specific in controlling that sometimes uncontrollable hemorrhage that frequently follows leech bites.

Of the specific medicine add from one to two fluid drachms to four fluid ounces of water. Of the mixture give a teaspoonful or one fluid drachm every one or two hours.

W. E. R.

ACONITE.

Aconite in very small doses, rarely over three drops to four ounces of water, is a therapeutic weapon of no small value against pathological foes. Aconite is the child's remedy, and this is like repeating history, for almost every medical man of experience in the use of the remedy is aware of this fact. When the pulse is small and frequent, with pyrexia, the small dose of aconite, one drop in four ounces of water, will act like a charm in relieving the symptoms. While aconite promptly relieves capillary stringency in the child, it does not appear of much value in the adult, with small and frequent pulse. The remedy has been given every two hours for days in cases of typhoid and of phthisis in these pulse conditions without the least perceptible effect. But here perhaps the underlying conditions were so great that no remedy administered upon mere surface indications would affect them.

Aconite in small doses will relieve laryngeal irritation and many times abort spasmodic or mucous croup. A prescription which has been used many times to abort croup consists of three drops aconite, three drops ipecac, and four ounces water. In many families who depend on us for medical attention, this prescription is always at hand, and when, in the night, the first alarming signal of croup occurs, a dose of the remedy is given, and repeated every half hour until the hoarseness disappears and the child rests quietly. This was taught us by Dr. J. M. Scudder, but we confess that it was several years before we had the courage to depend upon it alone to abort an attack of croup; with the thought that expectorants were the thing, we often converted a slight attack of hoarseness into a very unpleasant attack of nausea and vomiting by the use of lobelia, squilla, ipecac and other nauseants. Now we rarely use any of these in croup, but rely upon the very small dose of aconite. Many successful cases have given courage to do this.

In subacute and chronic gastritis, aconite has been found of much benefit when used in the following combination: *sp. aconite* gtt. ii, *sp. ipecac* gtt. ii, *bismuth subnitrate* ʒiv, *codea* gr. ij, *syrup acacia* ʒiv. This combination has given the best results when combined with external counterirritants over the gastric region; it can be recommended without fear of failure. The combination of aconite and ipecac in dysentery and irritable conditions of the small intestine, as well as in laryngeal irritation, is so well known as to hardly require mention here, but its efficacy is so great that every one who has not

used it in these conditions should know its virtues. Here again the dose is small, three to five drops of aconite and the same quantity of ipecac in water.

Aconite as an external application to relieve pain has some virtue. We have never used *aconitia* in any form, externally or internally, although it is highly recommended. We have never used any form of aconite except the sp. medicine, and have always found it reliable and efficient. In looking over our case book, we find that we have always used aconite in combination, except in children. Without aconite we could not meet certain indications in practice, and always carry the remedy. But the point it is desired to impress strongly is, do not give aconite in large doses; the unpleasant effects are marked, and such doses do not accomplish the effects sought. L. W.

THE CANAL OF NUCK.

The canal of Nuck is not a ship canal, nor is there any question of international controversy in regard to who shall own it or control navigation through it. The canal of Nuck is older than any canal now existent, and even antedates the channel dug by Cyrus to divert the waters of the great Euphrates. And when he had his plans matured and the channel completed, "he turned the waters into it, and marched his army through the old channel under the walls and into the city and took the city."

The canal of Nuck first appeared in the Garden of Eden, and was a part of Eve's anatomy. No doubt Eve never knew that she had such a thing as a canal of Nuck about her; and although this canal is essentially feminine and possessed by the female alone, still many of Eve's daughters know as little about it as did she, yet they are happy.

In fact the canal of Nuck is not a canal, but a pouch of peritoneum. In the female a small cord corresponding to the male gubernaculum which forms the canal of Nuck in the inguinal canal. This canal is sometimes a weak place in the groin and becomes the commencement of a hernia. Recently we were worried and mystified over a peculiar swelling in the inguinal region of one of our female patients. It was neither a hernia nor a bubo; but with much consultation it was finally diagnosed as a hydrocele of the canal of Nuck, and so it proved to be.

L. W.

THE SETON HOSPITAL.

The Seton Hospital has stepped into its work quietly, and yet effectively. The rooms have been all filled and continually filled, and the cry has been for room and not for patients. The addition to the building has been made, and as room after room was furnished and opened up, a patient was ready to take it.

The amphitheater has been dedicated, the class has been initiated, and by this initiation have seen that the promises of the college con-

cerning this hospital have been more than fulfilled. We do not intend in this place to do more than say to our people, The Seton Hospital is ready now for business, and to add that we have a faculty ready to give any and all professional care that may be needed, whether it be in surgery or in therapy.

And this thought leads us to say, you should not forget that in many cases change of locations, change of nursing, change of physician is the one thing a chronic case needs. To get certain sick people from unfavorable surroundings, from the care of over-anxious and indiscreet family nurses, from poor food and poor sanitary conditions, means in itself nine points. To get the word of such men as are in our faculty as advisers inspires the patient and relieves the physician.

Then we say to the physicians of our school, send to the Seton Hospital such patients as you know need change of location for the foregoing or other reasons; do not limit your efforts to surgery. The Sisters of Charity know just what is needed in the way of care and nursing, and give all that is needed. Our faculty has in itself men qualified in every branch—men to advise with, to depend on, to cure if cure is possible.

J. U. L.

CONVERSATIONS ON ANIMAL LIFE. By A. J. Howe, M. D. 12mo. 363 pages, cloth, \$1.50. The Robert Clarke Co., Cincinnati, Ohio. With Eclectic Medical Journal \$3.00 net.

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J. U. L.

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ECLECTIC MATERIA MEDICA
AND THERAPEUTICS.

COMPILED
FROM NOTES TAKEN FROM THE LECTURES
OF

FREDERICK J. LOCKE, M. D.

Dean of Faculty and Professor of Materia Medica and Therapeutics in the
Eclectic Medical Institute, Cincinnati, O.

EDITED,
WITH PHARMACOLOGICAL ADDITIONS,
BY

HARVEY W. FELTER, M. D.

Professor of Anatomy and Adjunct Professor of Chemistry, Pharmacy and Toxicology in the Eclectic Medical Institute,
Cincinnati, O.

WITH NOTES ON SPECIFIC MEDICINES,
BY

JOHN URI LLOYD, PH. M.

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in the physician's prescription. They differ from decoctions in not being prepared by boiling.

DECOCTIONS (*decocta*) are also aqueous solutions of the soluble principles of vegetable drugs, but, unlike infusions, are prepared by *boiling* the drug in water. The same remarks regarding the strength of infusions apply to decoctions. Decoctions are usually boiled from ten to fifteen minutes. Remember that the process is the opposite to that for preparing infusions. In the latter, hot or cold water is employed, and if hot, the product is allowed to *cool*; in the decoction, cold or warm water is employed and the preparation is *boiled*.

VINEGARS (*aceta*) are solutions of the active constituents of drugs in vinegar, or preferably dilute acetic acid. As many alkaloidal principles are best dissolved in these menstrua, these preparations (of certain drugs, as lobelia, sanguinaria, etc.), are very excellent medicines.

MIXTURES (*misturæ*) are aqueous fluid preparations, holding in suspension insoluble powders, or other substances. When the substance held in suspension is an oil, the preparation is termed an *emulsion*. As an example of the first, we have chalk mixture; of the last, emulsion of cod-liver oil. Mixtures are intended for internal use.

ELIXIRS (*elixiria*) are sweetened, aromatic and spirituous solutions, designed as vehicles for small amounts of active medicines. As a class they are very unsatisfactory, though pleasant, preparations.

GLYCERITES (*glycerita*), or *glycerines*, are mixtures or solutions of medicines in glycerin. They are intended for both external and internal exhibition.

MUCILAGES (*mucilagines*) are more or less viscid, thick, and adhesive fluids, prepared by extracting the mucilaginous constituents of plants with water, or aqueous solutions

In doses of from thirty to sixty grains of the powdered root to adults, it is a purgative, but in doses of five grains it is stomachic. A cordial may be made as follows :

R. Ground Rhubarb Root, coarse,
Peppermint Herb,
Bicarbonate of potassium, *aa*, \mathfrak{z} iij. M.

On this pour four pints of boiling water, and let it macerate in a warm place two hours ; then strain it and while still warm add two pounds of white sugar. After the sugar has melted and the liquid is cold, add one pint of diluted alcohol and one-half ounce of essence of peppermint. The dose of this is from one teaspoonful to a tablespoonful. This is my favorite cleansing remedy, and the agent for undue acidity of the *prima via*.

A similar preparation may be made in dry form (comp. powder of rhubarb and potassa), by using equal parts of ground rhubarb root, peppermint herb, and bicarbonate of potassium. Rhubarb acts primarily as a cathartic, but secondarily it is astringent. It does not produce watery evacuations, and is tonic, in small doses. Its astringency is lessened by adding a carbonated alkali. It acts on the muscular coat of the whole intestinal tract, but especially on the duodenum. It may be given to a mother to influence the bowels of a nursing child. Its beneficial effect comes from its tonic action on the bowels. It leaves no tendency to diarrhoea, and hence it is an excellent cathartic in cases of great debility, as in low forms of fever. It is valuable in the constipation of dyspeptics, with hepatic torpor. The cordial may be used in such cases.

R. Neutralizing Cordial, fl \mathfrak{z} ij.
Specific Podophyllum, \mathfrak{z} ss. M.
Dose, one teaspoonful.

Or, aloes may be added to it in pill to move the bowels. In dysentery it is a good agent. It may be given to unload the

preparation to use is the first decimal solution, *i. e.*, one part of specific Colocynth to nine parts of alcohol.

It is a good agent in dyspepsia, when there is a bitter taste in the mouth, bloating of the stomach after eating, and colicky, or sharp, cutting pains in the region of the umbilicus.

For this purpose mix one part of the specific Colocynth with nine parts of alcohol. Add of this from one to ten drops to water fl $\bar{3}$ iv. ; the dose being a teaspoonful every three or four hours ; or, a teaspoonful after meals will work wonders. Used in this manner, it is much more efficient than in large doses.

For bilious or worm colic, it is a very important remedy. It is a good remedy in many diseases of the liver. Use it when the patient complains of sharp, darting pains in the region of the liver, with constipated bowels and abdominal distension. Colocynth acts quickly. If it does not give relief in a half hour, it will not help at all. Give it in small doses frequently repeated. It makes a decided impression upon the nervous system. It is a good agent in some cases of difficult breathing, when the trouble is from derangement of the pneumogastric. It does good service in chronic diarrhoea, when the stools are slimy and attended with sharp, cutting pain, and distension of the abdomen. In this condition use one or two drops in water, fl $\bar{3}$ iv. Dose, a teaspoonful.

It is serviceable in some cases of dysentery. Dose, a teaspoonful of the above mixture every three or four hours. If fever is present, give it with Aconite. Neuralgia, especially of the fifth nerve, is sometimes relieved by this agent. It is a remedy for sciatica, or other forms of rheumatism, when the pain is sharp and cutting. In these troubles it has cured when other drugs have failed.

It acts specifically upon the reproductive organs of the

POTASSII BITARTRAS.***Potassium Bitartrate.***

SYNONYMS.—*Cream of Tartar, Acid Potassium Tartrate.*

DESCRIPTION.—Bitartrate of potassium occurs in commerce in colorless or faintly opaque crystals; or more generally in retail trade as a permanent, white, gritty, odorless powder. Its taste is pleasantly acid. It is but very little soluble in alcohol, but is soluble in cold water (201), and more freely in boiling water (16.7).

This salt is formed from the juice of grapes and is obtained in the manufacture of wine when alcohol precipitates it, leaving it on the sides and bottom of the cask. It is originally in the form of large white crystals, but in market it occurs in white powder. It is both cathartic and refrigerant, increasing the secretion of the bowels. As a laxative it is mild and pleasant and must be given in doses of from half a drachm to a drachm. It can not be taken as long as Epsom salt. In doses of twenty grains it is diuretic.

If its use be continued too long it will produce disturbance of the digestive organs, causing flatulence and griping. The following preparation is a good one :

R. Cream of Tartar, $\bar{3}$ ss.
One Lemon, sliced.
White Sugar, lb ss.
Water, O iij. M.

Let this stand an hour, filter, and it is ready for use. A dose of this is a wineglassful. It makes an excellent drink in fevers.

When used with sulphur this salt forms a good remedy for piles and constipation. Use equal parts of sulphur and cream of tartar. Dose, a teaspoonful. It is a good hydragogue for children. In dropsy after scarlet fever, use the following :

R. Cream of Tartar, $\bar{3}$ ss.
Juniper Berry, $\bar{3}$ ss.
Boiling Water, O i. M.

BUCHU.**Buchu.**

SYNONYMS.—(1 and 2) *Short Buchu*, (3) *Long Buchu*.

BOTANICAL ORIGIN.—The leaves of (1) *Barosma betulina* (Thunberg), Bartling and Wendland, and (2) *Barosma crenulata* (Linne), Hooker; (3) *Barosma serratifolia*, Willdenow furnishes long Buchu. Nat. Ord., *Rutaceæ*. South Africa.

BUCHU SPECIFIC has a deep yellowish-green color and the precise fragrance of Buchu. When added to water it makes a milky mixture.

These are small shrubs, natives of the Cape of Good Hope. Their leaves resemble the leaves of Senna and are of two varieties. They have a strong aromatic odor and an essence is made from them. Alcohol and water extract their virtues.

The infusion is the best preparation and is made by macerating a tablespoonful of the leaves in half a pint of boiling water. Two or three tablespoonfuls of this may be given two or three times a day. A tincture and a fluid extract of Buchu are also in use. Specific Buchu is a fine preparation.

Buchu is diuretic, stimulant and tonic, and, if given warm, diaphoretic. It quickens the pulse and favors increased secretion from the skin and kidneys, being somewhat depurant in its action.

Besides this it is also hydragogue, increasing both the watery and solid constituents of the urine. On the other hand it lessens undue activity of the kidneys when there is an excessive secretion. Buchu improves the appetite and promotes digestion.

It is useful in diseases of the genito-urinary organs with excessive irritation and undue and altered secretions from the urethral glands. Here give from ten to twenty drops of specific Buchu three times a day. In catarrh of the bladder, especially such as results from gonorrhœa or irritant injec-

STROPHANTHUS.***Strophanthus.***

BOTANICAL ORIGIN.—The seed of *Strophanthus hispidus*, DeCandolle, after having been deprived of its awn; Nat. Ord., *Apocynaceæ*. Africa and Asia.

CHIEF ACTIVE CONSTITUENT.—*Strophanthin*, a glucoside.

SPECIFIC STROPHANTHUS.—This preparation is made of the cleaned *Strophanthus* seed. It is a very energetic remedy and must be used with care. The value of *Strophanthus* in Eclectic medicine has been established by the specific *Strophanthus*, which with us is the standard and not the seed or any other preparation thereof.

From this plant the natives of West Africa prepare the *Kombe arrow-poison*—a powerful muscle poison.

In small doses *Strophanthus* increases the appetite and improves digestion through its bitter and tonic properties. Its chief action, however, is that of a cardiac tonic. It is likewise diuretic. A few drops of a solution of the glucoside (1 in 1000) dropped into the eye produces local anæsthesia. This anæsthesia is said to be more powerful than that of cocaine. As a heart tonic it slows the beat, increases the energy of the heart muscle, and gives the organ rest by prolonging the interval between contractions. When a fatal dose is given the heart is arrested in diastole. While not cumulative, the doses may be too frequently given, and thus be equal to cumulative effects. Diarrhæa may be induced by its prolonged use.

This agent is a drug for weak heart and may be employed in cases similar to those in which *Digitalis* is employed, but not well borne. It is probably weaker in action than *Digitalis*, but, on the other hand, it produces no change in the size of the arteries, and, therefore, does not add an extra burden to the heart as *Digitalis* sometimes does. *Strophanthus* may be employed in cases of gradual heart failure, especially when occurring in the aged. The form in which

to for disinfecting purposes. The solution hardens animal tissues, and renders gelatin insoluble. It is frequently employed as a preservative for vegetable and animal specimens.

Formaldehyde has thus far had a limited use in medicine, but is exceedingly efficient in moist skin affections where drying or hardening is required. A very dilute solution should be employed. It has been employed as an inhalation in diphtheria, whooping-cough, and tuberculosis. Locally a weak wash of formaldehyde is efficient in gonorrhea, gonorrheal vaginitis, and other infectious diseases of the genitalia. Infectious eruptive diseases offer a good field for its use as a disinfectant and deodorizer. A 1-per-cent. solution has been employed for irrigation purposes after wounds—accidental or surgical. It relieves somewhat the pain of carcinomata, and removes the stench in many instances. For thrush in horses it is the most efficient agent with which we are acquainted. The hoof should be well cleaned, and a piece of cotton well saturated with the full strength solution packed in the sore, to be left over night. One or two applications are sufficient. Owing to the smarting produced and the hardening of tissue very dilute solutions should be employed upon human beings.

GAULTHERIA.**Wintergreen.**

BOTANICAL ORIGIN.—The leaves of *Gaultheria procumbens*, Linne. Nat. Ord., *Ericaceæ*. Found in cool, damp woods, sandy soils, or on mountains east of the Alleghenies and south to Tennessee. Its chief constituent is *oleum gaultheria*, or oil of wintergreen. Stimulant, aromatic, and astringent.

This agent is employed chiefly for its effects upon the genito-urinal tract, in which it relieves irritation and incipient inflammation, and restrains chronic mucous discharges, and in rheumatic affections. The oil is especially valuable

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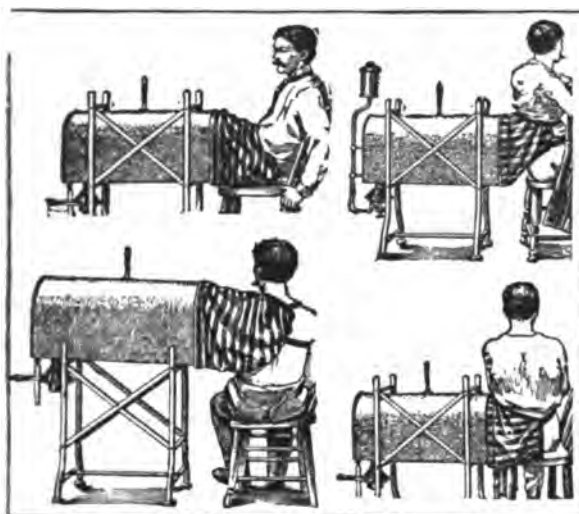
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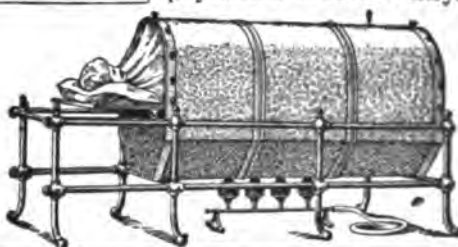
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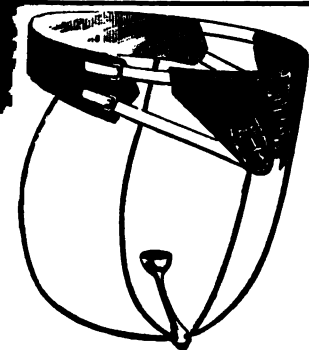
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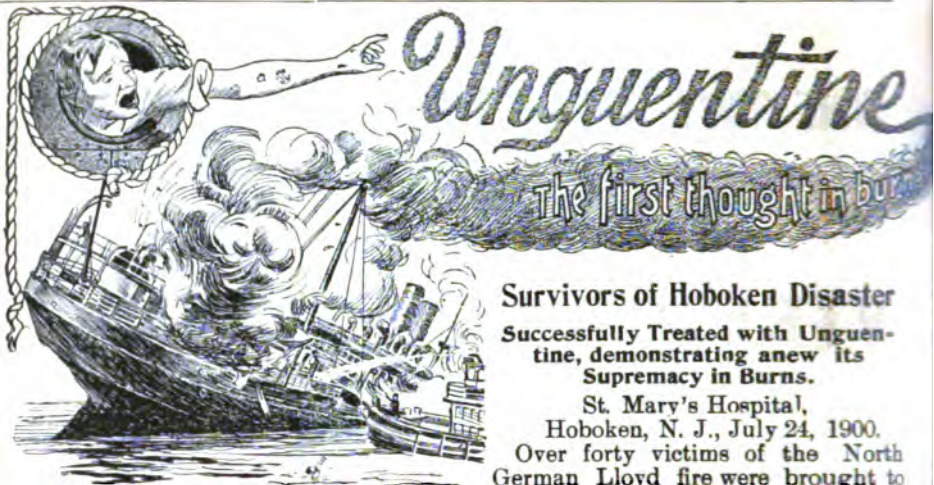
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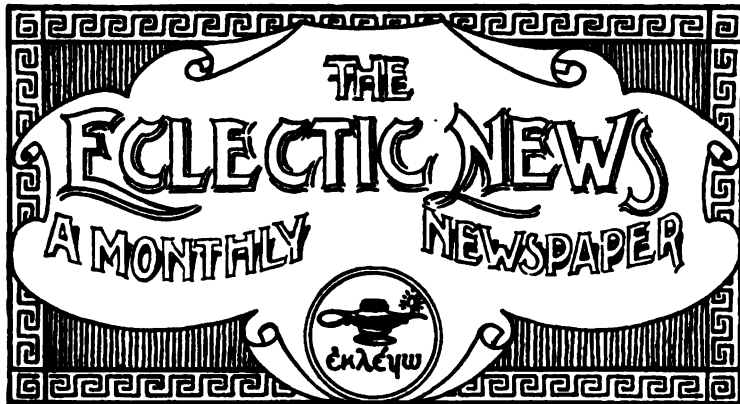
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VOL. VII.

DECEMBER, 1901,

No. 12.

BOOK NOTICES.

DOSE BOOK and Manual of Prescription Writing. By E. Q. Thorntin, M.D., Ph.G. W. B. Saunders & Co., Philadelphia. Cloth, \$2.

In the preface of this volume the author tells us that in preparing the volume his aim has been "to compile a work of value to the student of medicine, both during his years of study as an undergraduate and in the early period of his professional career;" and it is suggested that "the volume may also prove of value to the practitioner of many years' standing for purposes of reference."

A simple glance at the contents is sufficient to convince us that the author has spared no pains to render the book practically useful for the purposes he mentions, and though we are of opinion that the portion of the volume devoted to the Latin language (especially the pages treating of the Latin verbs) is too fragmentary and categorical to be of great value to the student, we warmly endorse the work as a whole.

We wish especially to commend the parts devoted to weights and measures, official preparations and methods of prescribing, dosage, and synonyms of common drugs and preparations. The manual contains 362 pages and is well indexed. The typography is excellent, and the binding neat and durable.

EMERSON VENABLE.

PRACTICAL SURGERY. By Nicholas Senn, M. D., Professor of Surgery in Rush Medical College, Chicago. Price, cloth, \$6.00 net. W. B. Saunders & Co., Philadelphia.

This work is surely a master piece in surgery, and is just what it is announced to be, viz., a practical treatise. With the 1133 pages it covers every subject in the department of surgery after a manner well calculated for the purposes of the general practitioner. Special attention is paid to emergency surgery, likewise shock, hemorrhage and wound treatment are freely considered. The section in the beginning

of the work is devoted to military surgery, and is largely based on the author's experience in the late Spanish American war. There are 650 illustrations, many in colors.

R. C. W.

THE DIAGNOSTICS OF INTERNAL MEDICINE. A clinical Treatise upon the recognized principles of Medical Diagnosis. Prepared for the use of students and practitioners of medicine. By G. R. Butler, M. D. With five colored plates and 256 illustrations and charts in the text. D. Appleton & Co., New York. Cloth, \$6.00.

To be a successful practitioner one must be a good diagnostician; and he who has the most skill in determining the various wrongs of the body, other things being equal, will be the most successful in correcting said wrongs. A correct diagnosis, then, forms the basis of a successful practice.

Dr. Butler has given to the profession, in his *Diagnostics of Internal Medicine*, a work whose value is incalculable. His methods of examination and his grouping of symptoms are so complete that the field of diseased action is readily recognized. To his systematic and thorough classification he has added numerous illustrations that are especially fine. The colored plates are works of art. One can hardly speak too highly of the book.

R. L. T.

A TREATISE ON THE ACUTE INFECTIOUS EXANTHEMATA, including variola, rubella, scarlatina, rubella, varicella, and vaccinia, with especial reference to diagnosis and treatment. By W. T. Corlett, M. D. Cloth, \$4.00. F. A. Davis & Co., Philadelphia.

To one searching for a thorough work on the exanthemata, Dr. Corlett's work will be a treasure. He has examined and treated this subject from every side. A careful history of exanthemata is given, extending to the remote past. His minute description of each disease considered, the careful and vivid portrayal of the various stages, together with the profuse illustrations, present to the reader the diseases as they actually appear in life. There are 12 colored plates, 28 half-tone plates from life, and two engravings. When in doubt as to some phase of any of these diseases, a perusal of the subject in this work will add light. It is a book replete with information on the infectious exanthemata.

R. L. T.

ATLAS AND EPITOME OF SPECIAL PATHOLOGICAL HISTOLOGY. By Dr. Herman Durck. Vol. II—Liver, Urinary Organs, Sexual Organs, Nervous System, Skin, Muscles, Bones. With 123 colored illustrations on 60 lithographic plates and 192 pages of text. Philadelphia: W. B. Saunders & Co. Cloth, \$3.00 net.

This is the second volume of a series of three on the science of pathological histology. This volume describes the pathology of the various tissues mentioned in the above heading. The first and third volumes, with this one, cover the entire field of pathology. It is a textbook and atlas combined. To those practitioners possessing a micro-

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scope the work is invaluable, as the plates cover the illustrations of all the pathological specimens, besides giving a description of what is illustrated, and a descriptive text of the pathology of the viscera as a whole. The plates can not be too highly spoken of, as they are of the highest type of lithographic art. They reproduce the specimen as it is found, stained and mounted for examination, and for comparison with the mounted specimen this book will cover the entire field. The illustrations are the special feature of the book. As a text and atlas for students and practitioners, the work can not be excelled. G. W. B.

A MANUAL OF THE PRACTICE OF MEDICINE. By George Roe Lockwood, M. D. Cloth, \$4.00. W. B. Saunders & Co., Philadelphia.

The author has a faculty of presenting his subject in such a pleasing style that the attention of the reader is readily held. While not so elaborate as some larger works on practice, the requirements of the busy practitioner are not forgotten, which makes the work especially valuable. The author has kept pace with the latest research and the work is abreast of the times. A good book to have in one's library.

PHYSIOLOGICAL CHEMISTRY AND URINE EXAMINATION.—By Chas. G. L. Wolf, M. D. 12mo, 208 pages, cloth, \$1.25. W. B. Saunders & Co., Philadelphia.

This book pleases me immensely. It is just what the student and the busy practitioner needs. It is well written, plainly written and carefully written. The author is fair, conservative and discriminative. He does not flood the pages with a mixture of the impractical and the practical, leaving the student to guess which is which. He calls attention to fallacies, to errors of side reactions, to things that by the inflexible rules of some people might lead to error. Take albumen for example. I know that in some instances albumen appears in urine in which the person needs rest, not medicine, in which the presumed albuminuria is such by reason of weariness only, and in which relaxation alone is needed. This fact is known to men of experience, and this is stated by Professor Wolf plainly on page 119, to which I call especial attention to the ending sentence. "Albumen is also found at times of great physical or mental strain." This book is a good book to own, to read and to follow.

J. C. L.

PRINCIPLES OF HYGIENE. By D. H. Bergey, M. D. 8vo, 495 pages, cloth, \$3.00. W. B. Saunders & Co., Philadelphia.

The writer of this book has given to the medical profession an excellent work on hygiene. This subject has become a very interesting one to all practitioners of medicine; in fact, a knowledge of practical hygiene is necessary to the success of any physician. A careful study of this subject, as presented in the pages of this book, will give this knowledge. The writer has used the metric system in speaking of weights and measures. The reader who is not familiar with this sys-

tem can get a comparative knowledge between it and the English system by referring to tables in the appendix of the book.

All the different divisions of the subject of hygiene, such as air, water, ventilation, heating, food, clothing, disposal of sewage and garbage, etc., are treated by the author in a plain, instructive manner, yet briefly.

J. R. S.

HYGIENE OF TRANSMISSIBLE DISEASES. By A. C. Abbott, M. D. 8vo., 341 pages, cloth, \$2.00. W. B. Saunders & Co., Philadelphia.

The sanitation of epidemic and contagious diseases is a subject of special interest to every physician. The writer of this book has taken up this subject in a very instructive manner. The hygiene and causation of transmissible diseases are treated at length; then follows a section in which a summary is made of the main points of several of the more common transmissible diseases, as to their cause, dissemination, portals of infection, geographical distribution, and prophylaxis. In this list are found typhoid fever, cholera, dysentery, tuberculosis, diphtheria, influenza, bubonic plague, venereal diseases, anthrax, small-pox, measles, scarlet fever, whooping-cough, and many others, all of which are very interesting to the practicing physician. It is due the author to say that most of the knowledge that is necessary to a thorough understanding of this subject is given in this work. J. R. S.

A GUIDE TO GYNECOLOGICAL EXAMINATIONS. By Dr. Leon Archambault. Published by M. Maloine, Paris, France.

This book is not a treatise on gynecology, but only a guide. The student or the physician who may be but a little familiar with the affections of the genital apparatus of the female, will find in a very succinct space the necessary instruction to guide him in his diagnosis. They will be able to do it methodically, both with the speculum and with simple taxis. They will then be able to put such questions to the patients as are often very embarrassing. This little work contains many prescriptions useful in the practice of gynecology.

R. L. T.

THE DISEASES OF THE RESPIRATORY ORGANS, Acute and Chronic. By Wm. F. Waugh, M. D. 221 pages, \$1.00 net. G. P. Englehard & Co., Chicago.

This book has been prepared because of the writer's belief that the treatment of acute affections of the respiratory organs has progressed far beyond that given in the text-books on practice. So says the author in his preface. A brief and concise description of each disease is made, and then follows the author's idea of medication. This consists in the administration of alkaloidal remedies. The writer is a firm believer in this method of medication, and presents his treatment in a forcible manner. The proof of success would require a trial of his methods.

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SUGGESTION AND OSTEOPATHY. By W. I. Gordon, M.D., D.O. Published by the Progressive Osteopathic and Suggestive Therapeutic Publishing Co., Cleveland, O. Price \$1.50.

In this book of 314 pages, quite profusely illustrated with halftones, the author endeavors to elucidate his views on the subjects of suggestion and osteopathy. It is a difficult task to explain how some individuals can exert a power over others; and although it may appear simple enough to the operator, it is not always easily understood by others.

The author's leaning towards socialism is in evidence, and there is considerable mixing of the various "cults" of the day.

The mechanical part of the work is up to the average. K. O. F.

The firm of Merck & Co. of New York, is recognized as leading in the line of synthetic chemicals, as well as rare products of the inorganic kingdom. An advance copy of their Manual for 1901 is before us, and to what we said previously concerning this work we can add it is admirably filled with information that may be called exact. The physician who desires to keep advised of the synthetic side of therapy should procure this Manual. In no other place can as much knowledge in a condensed form be obtained, and for this reason alone, were there no other, we commend the Manual. But the work is not limited to any particular class of remedies, and the practitioner will find it otherwise very comprehensive and very useful. J. C. L.

PHYSICIAN'S VISITING LIST, 1902. 16mo., leather, pocket edition, \$1.00 to \$1.50 according to size and style of arrangement. P. Blakiston's Son & Co., Philadelphia.

We are again called upon to notice the Physician's Visiting List. This is the fifty-first year of its publication. It is very handy and convenient, and contains the usual dose tables, signs, metric and decimal systems, calculations of the period of utero-gestation, blank pages, calendars, etc.

A TEXT-BOOK OF DISEASES OF WOMEN. By Charles B. Penrose, M. D. Fourth edition, revised. Octavo, 639 pages, cloth, \$3.75 net. W. B. Saunders & Co., Philadelphia.

Penrose's diseases of women has been written for the medical student, but it appears to have been as well received by practitioners of medicine. A new edition has been issued yearly since its advent. This fourth edition well represents modern gynecology. It teaches in most instances but one form of treatment for the diseases included and that representing the best modern technique. The style is pleasing and clear. The dominant symptoms are so plainly given that the student can have no difficulty in mastering a fair knowledge of this important subject. The generalizations given in the beginning are of great value to students, a few words bringing into a compact space

many important features that are usually scattered throughout works of this kind. The illustrations are good and the mechanical work in the usual good style of Saunders' books. Buy it; you will not regret it.

H. W. F.

A LABORATORY COURSE IN BACTERIOLOGY. For the use of medical, agricultural, and industrial students. By Frederic P. Gorham, A. M. 12mo volume of 198 pages, with 97 illustrations. Cloth, \$1.25 net. W. B. Saunders & Co., Philadelphia.

This is a guide giving the practical directions to be followed in a course of study in the laboratory. It describes the various instruments, utensils, culture media, stains, method of preparing and examination, and the work actually done at the laboratory desk. It contains chapters on Morphology, Classification, Sterilization, Culture Media and Cultures, Pathogenic forms, analysis of air, water, milk, soil, and an appendix on mould, formulary, etc.

It is written especially for a student's guide, and while not as full as the descriptive text-books, yet it contains all the practical part of the laboratory work. It is interesting to practitioners as well as students, as it will freshen them up on their past work, and the methods are certainly accurately and plainly described. G. W. B.

LIBERTINISM AND MARRIAGE. By Dr. Louis Jullien (Paris). Translated by R. B. Douglas. Pages v-169. Cloth, \$1.00 net. F. A. Davis & Co. Philadelphia.

This little work is one that can be read with advantage, not only by the specialist in venereal diseases, but also by the general practitioner, and those whose work is in other fields of special medical and surgical work; not that there are so many new ideas, but the evils attending, following gonorrhea are fully elucidated in a small amount of space.

The responsibility of the doctor is shown clearly, and this not only from the moral but the physical standpoint as well.

There is too much ignorance or carelessness displayed in handling these cases, and any means that will result in more careful prognosis, thus keeping the victims from the hands of charlatans, should be welcomed by the profession.

The work is heartily recommended to every one doing any venereal work, whether little or much.

K. O. F.

MANUAL OF CHEMISTRY. By Wm. Simon, Ph.D., M.D. Seventh edition, thoroughly revised, with 66 illustrations, and 9 colored plates. 613 pages. Cloth \$3.00. Lea Brothers, Philadelphia.

The well deserved popularity of this manual is the occasion for the issuance of the seventh revised edition. Advantage has been taken of this occasion to enlarge the already excellent department of chemical physics, and to incorporate more material on physiological

chemistry, an important feature to the student of medicine. While giving a comprehensive view of general chemistry the aim has been to present most strongly those features which are of most use and interest to the doctor, druggist, and dentist. Seven departments are included; viz: chemical physics, principles of chemistry; non metals and their combination; metals and their combination; analytical chemistry; carbon compounds or organic chemistry; and physiological chemistry. In the last section special care has been taken to indicate the most recent methods for the examination, chemically, of such physiological constituents and such changes in the body and its contents as will materially aid the physician in clinical diagnosis. For a clear and forceful style and appropriate selection of subject matter no class book upon chemistry now extant excels *Simon*. The beautifully colored plates showing the spectra and 64 chemical reactions add to the value of the book to those who will undertake the analytical work.

H. W. F.

NERVOUS AND MENTAL DISEASES. By Archibald Church, M. D., and Frederick Peterson, M. D. Third edition, revised and enlarged. Octavo volume of 870 pages, with 322 illustrations. Cloth, \$5.00 net. W. B. Saunders & Co., Philadelphia.

This work has met with the most favorable reception from the profession at large, two editions having been exhausted in as many years. During that time we have used it as a book of reference, and we have no authority we consult with more pleasure or confidence. The former editions have been thoroughly pruned and then supplemented as the author's judgment seemed to suggest.

Dr. Church furnishes text on nervous diseases; Dr. Peterson that on mental diseases. Both are works of merit. The illustrations are clear and the print excellent. This book is a worthy one, and stands well among the authorities on this subject.

B. M.

IMPORTANT NOTICE.—The publishers desire to here announce that, by the addition of new and important features while printing, the cost of Wilder's "History of Medicine" has nearly doubled their estimate. So long as it lasts, they will sell copies of the first edition at the advertised price of \$2.75. After which, to protect themselves from serious financial loss, the work will be sold at an advance commensurate with the cost of production.

NEW ENGLAND ECLECTIC PUBLISHING CO. New Sharon, Me.

LITERARY NOTES. The artistic features of the Christmas number of Scribner's will include an elaborate colored cover by Maxfield Parrish and a frontispiece in color by the same artist, drawings by Castaigne and Jessie Wilcox Smith, reproduced in their original colors, and snow scenes in the Adirondacks by Guerin, printed in tints which suggest the winter landscape. Another notable art feature will be the collection of portraits of American children from paintings by Sargent, Miss Beaux, Kendall, Alexander, Chase, Miss Cassatt, Thayer, Brush, Lockwood and others.

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